



**WAIVER AND RELEASE OF LIABILITY
& AUTHORIZED PICK-UP LIST**

I, _____, the parent/legal guardian of _____, understand the nature of the activities that my child will be participating in during the week of Critter Camp at the Florida Keys SPCA (FKSPCA). I also understand the nature of shelter animals and that their behavior is sometimes unpredictable which can give rise to risks such as personal injury. Knowing this, I, and anyone who might claim on my behalf, release the FKSPCA officers, directors, staff, volunteers and all others affiliated with the FKSPCA from any and all claims and liability of any kind arising out of personal injury and property damage resulting from child's participation in activities during Critter Camp.

In the event that my child requires medical attention, I authorize the FKSPCA to seek proper medical treatment at my cost.

I have listed below all of my child's known allergies, all of my child's physical limitations and any special needs that my child might have. In addition, I have no knowledge of any medical condition that would prevent my child from participating in the activities at Critter Camp.

Parent/legal guardian information:

Name: _____

Address: _____

Home Phone: _____ Work: _____ Cell: _____

Name: _____

Address: _____

Home Phone: _____ Work: _____ Cell: _____

Emergency contact name and phone number: (please list two)

Name: _____ Number: _____

Name: _____ Number: _____

Physician's name, phone number and address: _____

Name of insurance company, policy number, and phone number: _____

Any known allergies: _____

Any physical limitations or other needs: _____

Signature: _____ Date: _____