



**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: \_\_\_\_\_

**Persons authorized to pick-up my child from FKSPCA Critter Camp:**

Name: \_\_\_\_\_ Number: \_\_\_\_\_  
 Name: \_\_\_\_\_ Number: \_\_\_\_\_  
 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: \_\_\_\_\_  
\_\_\_\_\_

My child requires the use of a rescue inhaler: ( ) Yes ( ) No

My child may require the use of an epinephrine auto-injector (epipen) due to a severe allergy: ( ) Yes ( ) No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_