Citizens for Animal Protection Teen Service Day

Registration Form (2023-2024 School Year)

To complete your registration, please submit form to <u>volunteer@cap4pets.org</u> or drop off at CAP from Tuesday-Saturday (include parent/guardian information if under age 18). **Please note this is a one-time volunteer session.**

Student Name:

School/Organization:			Grade:
Phone:	Email:		
Date of session: <u>04/06/2024</u>		Time of s	session: <mark>3-6pm</mark>
Preferred t-shirt size (adult):	_S _M _Lg _2	XL 🗆 2XL	
Location: 17555 Katy Fwy Ho	ouston, TX 77094		
 NO SHORTS-pants mu No open-back/open-toe Must wear your volunte 		oles/tears).	
Payment Information: One-tim I am a returning TSD volunte I am paying cash in amount I am paying by check in amo CASH AND CHECK PAYMEN Please charge my credit care	eer (requires a \$5 admin of \$ ount of \$ payable NTS MUST BE DROPPE APRIL 3RD	fee). to Citizens for An	HELTER BEFORE
	u ψ □ visa □		
Billing Address:			•
Authorized Signature:			
Parent/Guardian (please print)):		
Parent/Guardian Signature: _			
Phone:	Email:		
Emergency Contact (if parent/	guardian cannot be reacl	ned):	
Name:	Relationship	o: Ph	one:
Contact Volunteer Coordinator	at volunteer@cap4pets.org c	or at 281.944.4016 fc	or more information.

Age: _____

Acknowledgments

Waiver of Liability

- I am between the ages of 14-18 and understand that I am expected to abide by all rules and guidelines established by Citizens for Animal Protection (CAP) during the Teen Service Day event.
- I understand that I will be participating in activities at CAP and that in the course of such activities will have direct contact with various animals, primarily dogs, and possibly cats and small mammals.
- I understand that while all precautions are taken to ensure participant safety, the behavior of animals is sometimes unpredictable and they are capable of inflicting serious personal injury. Knowing the risks of interacting with animals, I agree to assume those risks and release, indemnify, and hold harmless CAP and/or any of its officers, directors, employees, agents, or contractors for any and all personal injury or property damages resulting from my participation in Teen Service Day. I agree to hold Citizens for Animal Protection harmless for any and all claims for injuries, causes for action or liability related to use of all CAP facilities.
- □ I give CAP authority to seek emergency medical care in case of accident, injury, or illness and to notify my parent/legal guardian or emergency contact on this form.

Release of Images

□ I hereby grant permission to CAP to take and use photographs and/or digital images of me for use in brochures, news releases and any other lawful purposes. These materials may include printed or electronic publications, web sites or other electronic communications. I further agree that my name and identity may or may not be revealed in descriptive text or commentary in connection with the image(s). All negatives, prints and digital reproductions shall be the property of CAP. I hereby release CAP and any of their directors, officers, agents, employees and appointed printing/advertising companies and their directors, officers, agents and employees from all claims of every kind on account of such use.

(Student Name)	(Date)
(Parent/Guardian Name)	(Parent/Guardian Signature)

