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Animal Care and Adoption Center (ACAC) Youth Volunteer Program

Applicant Age Requirement

The Virginia Beach Animal Care and Adoption Center's Youth Volunteer Program has an age requirement of 15-17 years of age.

Date of Application:				
Last Name:	First Name:	Mi	ddle:	
Email:	_			
Age:				
Date of Birth:				
Street Address:	City:	State:	Zip:	
Primary Phone:	Alternate Phone:		_	
Parental or Guardian Waiver and Release of Claims				
Parent Last Name:	Parent First Name:	Parent	Middle:	
Email:	-			
Street Address:	City:	_ State:	Zip:	
Emergency Contact (Name and Relation):				
Home Phone:	Alternate Phone:			

legal name), permission to volunteer with the City of V Adoption Center. I agree to waive, release, and foreve against the City of Virginia Beach and their respective damage caused or alleged to be caused as result of	child, (participant's full/irginia Beach, through its Virginia Beach Animal Care and or discharge any and all claims, rights and causes of action or officers, officials, employees, and agents for injury or my child volunteering at the Animal Care and Adoption all my heirs, personal representatives, next of kin, and guardian of the child listed in this paragraph.
in the program, including the possibility of accidenta child will be working directly with animals, and assu	y assume all risks associated with my child's participation I or other physical injury or death. I understand that my me all risks on behalf of my child, associated with such xposed to a scratch or bite, which shall require a 10-day
and officials from and against any liability or claim res waiver and release of all claims and assumption of risk	rginia Beach, its agents, volunteers, servants, employees sulting from my child's participation in this program. This k is intended to be as broad and inclusive as permitted by tion of this document is held invalid, the remainder shal
By signing below, I am certifying that I am a person la	wfully authorized to execute this document.
I have carefully read and fully understand the mean herein, and I have voluntarily signed below.	ing of this document. I agree to all the terms set forth
Signature of Parent/Guardian:	Date:
Photographic I	Release Approval
Adoption Center, their agents, employees, volunteer	Tirginia Beach, through its Virginia Beach Animal Care and s, and assignees, to use all photos, videos, and/or audic of this document) for promotional brochures, promotions of the newspapers, and for other not-for-profit purposes.
By signing below, I also certify that I am a person lawf	ully authorized to grant such permission.
Signature of Parent/Guardian:	Date:
Print Name of Parent/Guardian	

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