

St. Mary's Animal Adoption & Resource Center
(301) 475-8018
22975 FDR Blvd.
California, MD 20619
Jennifer Utz
Director, Dept. of Emergency Services



*Commissioners of
St. Mary's County
James R. Guy
Eric Colvin
Michael L. Hewitt
Mike Alderson Jr.
Scott R. Ostrow*

Minor Volunteer Release of Liability

Name of Minor: _____ Date of Birth: _____

I, _____ (Parent/Guardian) fully and completely release the St. Mary's County Government and the St. Mary's Animal Adoption & Resource Center, its officers, directors, employees, agents, contractors and subcontractors, and all responsible for any loss or injury that may result from my child's volunteer work while volunteering on behalf of the St. Mary's Animal Adoption & Resource Center, or from any activity that my child undertakes on the premises of the St. Mary's Animal Adoption & Resource Center, or from the actions of staff or other volunteers handling, treating, or caring for animals on behalf of the St. Mary's Animal Adoption & Resource Center. This release also expressly includes a full and complete waiver of any and all claims against the St. Mary's County Government and the St. Mary's Animal Adoption & Resource Center, its officers, directors, employees, agents, or successors for any loss or injury that may result from the actions of other volunteers or third parties. I acknowledge my child is mature enough to volunteer with the St. Mary's Animal Adoption & Resource Center and to participate in activities with dogs and puppies of all sizes, cats and kittens, and small animals such as guinea pigs and rabbits. I further acknowledge that I am aware that my child's picture maybe taken during the course of the volunteer work, and I give permission to the St. Mary's Animal Adoption & Resource Center to utilize any pictures or video taken of my child for use in the St. Mary's Animal Adoption & Resource Center advertising or promotion to the public. This Release Form is binding upon me, my spouse/partner, and his/her respective heirs, successors, assign, executors, and personal representatives.

Parent/Guardian Signature _____ Date _____

Print Name _____