



## KHS – Youth Education Department

### Student Personal Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Age \_\_\_\_\_

Birth Date: \_\_\_\_\_ (mm/dd/yy)

Email Address: \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Emergency Contact Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Relationship \_\_\_\_\_ Email: \_\_\_\_\_

Do you have any physical or psychological limitations (i.e. back injuries, heart condition, allergies) that might prevent/limit your participation in some activities? If yes, please explain:

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As a Kansas Humane Society Youth Education program participant, you will be required to abide by the terms of the following contract. The agreement below describes what KHS will expect of you, and what you can expect of KHS.

My signature below indicates that I understand and agree to the following:

- I will abide by and support all KHS policies and procedures.
- I agree to be supervised by the Director of Youth Education, or designee, and will directly report any problems that arise to the Director of Youth Education.
- I will keep private and confidential all information that I acquire during the course of my volunteer service.
- I authorize the Kansas Humane Society to seek emergency medical treatment in case of accident, injury or illness. I understand that if I am injured while acting as an unpaid member of the volunteer staff, I am not covered by Kansas worker's compensation law.
- I hereby certify that all entries on this application are true and complete. I understand any falsification of this information may cause forfeiture of my community service with the Kansas Humane Society.

I understand that the Kansas Humane Society of Wichita, Kansas, Inc. ("KHS") Youth Education Programs ("Programs") will involve exposure to animals, including cats, dogs, puppies, and kittens, as well as conditions found in a veterinary hospital and dog and cat kennels.

I recognize that there are risks and health hazards directly and indirectly involved in participation in KHS Programs. I understand and agree that KHS is not liable for any injuries or damages sustained by any child attending KHS Programs. I am the natural parent or legal guardian of the participant listed below, and represent that the facts set forth in this registration are true. I hereby give my permission for my child/ward to participate in the KHS Programs, hereby release and discharge KHS and its employees and agents, for any liability, loss, damage or injury sustained by my child or ward as a result of attending said Programs.

I also agree, to the full extent allowed by law, for myself and my minor child or ward, to hereby release and agree to indemnify and hold harmless KHS and its employees and agents, from any and all claims and liabilities arising from or in any way relating to my child or ward's participation in KHS Programs. This indemnification extends to any liability, expenses (including, without limitation, attorneys' fees), claims and all other forms of damages which arise from or in any way relate to my child or ward's participation in KHS Programs.

I hereby authorize KHS to use the photographic image of the minor listed below for the following:

- To use, re-use, publish, and re-publish the same in whole or in part, individually or in conjunction with other photographs or images, in any medium and for any purpose whatsoever, including, without limitation, illustration, promotion, advertising and trade, to use the minor's name in connection therewith if the KHS so chooses.
- I hereby give unrestricted permission to copyright and/or use, and/or publish photographic portraits or pictures of said minor, and the negatives, transparencies, prints, or digital information pertaining to them, in still, single, multiple, moving or video format, or in which the minor may be included in whole or in part, or composite, or distorted inform, or reproductions thereof, in color or otherwise.
- I hereby waive any right that I may have to inspect and approve the finished product or copy that may be used in connection with an image that KHS has of said minor, or the use to which it may be applied.
- I further release KHS, and others for whom it is acting (including any agency, client, broadcaster, periodical or other publication) from any claims for remuneration associated with any form of damage, foreseen or unforeseen, arising out of or in connection with the use of such photographs, film, or tape, including but not limited to any claims for defamation or invasion of privacy associated with the proper commercial or artistic use of said image.

**By signing below, I am certifying I am the parent or legal guardian of said minor, have read the foregoing and fully understand and agree with the contents thereof.**

Child's Name (please print): \_\_\_\_\_

Parent/Legal Guardian Name (please print): \_\_\_\_\_

Parent or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_