

**Kansas Humane Society - Read to Rover Program
Student Registration Form**

Date Attending Read To Rover: _____

Name of Student _____ Age _____

Student Address _____

City _____ State _____ Zip _____

Name of Parent/Guardian _____

Daytime Phone _____ Evening Phone _____

Address _____

City _____ State _____ Zip _____

Please list all persons authorized to pick the child up from KHS. We will release the child only to these authorized individuals:

1. _____ Phone _____

2. _____ Phone _____

3. _____ Phone _____

How did you hear about the Read to Rover Program? _____

_____ Please indicate here if you would like to be notified of future sessions of Read to Rover and future correspondence from the Kansas Humane Society. (email address needed)

Email _____

Medical Release Information

1. Does the student have any medical conditions of which we should be aware? For example: asthma, epilepsy, allergies (food, animal, etc.). If so, please describe below.

In Case of Emergency

Please list an individual who may be reached in an emergency to act on your behalf:

Name _____ Phone _____

Alternate Phone _____

Relationship to Student _____

Kansas Humane Society Youth Education
Release of Liability/Photo Release

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 or Legal Guardian Name (please print):

Parent or Legal Guardian Signature:

Date: _____

Kansas Humane Society - 3313 N. Hillside - Wichita, KS 67219 - 316.524.9196 - www.kshumane.org

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