



**CUMBERLAND  
★ COUNTY ★  
NORTH CAROLINA**

**ANIMAL SERVICES DEPARTMENT**

**Minor Volunteer Release Form**

I \_\_\_\_\_ the parent and/or legal guardian of the below minor volunteer have read this form in its entirety. I understand the risks involved with working with animals and do agree to allow my child to perform these duties. I understand that working with animals has inherent risks. I voluntarily agree to expressly assume all risks of injury or death that may at anytime result from any and all such activities. **I agree to release Cumberland County, the Cumberland County Animal Services Board and Cumberland County Animal Services** and their respective officers, directors, employees, volunteer workers, attorneys, agents, board members and insurers, and their representatives from all liability for injury, death, property damage or loss that may result from my child's participation in activities associated with **Cumberland County Animal Services** whether such liability results from any act, omission, failure to act, or the negligence of any person or from any other cause. This release applies whether or not the injury, death or property damage or loss occurs on the property of Cumberland County or its department, **Cumberland County Animal Services**.

I understand that neither **Cumberland County** nor **Cumberland County Animal Services** provides insurance or workers compensation coverage of any nature for volunteers. I agree to assume full monetary responsibility arising from any injury, death or property damage to include pain and suffering, emotional distress, post traumatic stress disorder or any other mental or emotional damage, stress or trauma.

This agreement is binding upon the undersigned's heirs, executors, administrators and assigns. I acknowledge that the laws of the state of North Carolina govern this agreement.

If any provision of this agreement is held in whole or in part to be unenforceable for any reason, the remainder of that provision and of the entire agreement will be servable and remain in effect.

**I HAVE READ, UNDERSTAND AND VOLUNTARILY AGREE TO THIS AGREEMENT AND RELEASE OF LIABILITY.**

Signature of Parent of Minor Child: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Parent \_\_\_\_\_ *Please print*

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone Number \_\_\_\_\_

Name of Child \_\_\_\_\_