

Illinois Shorthair Rescue

Parental Permission Form

Volunteer's Name _____

Address _____

City/State/Zip _____ Email _____

Phone#(s) _____
(home) (cell) (work)

Date of Birth _____ School/Year _____

I accept responsibility for any illness or damage that can occur from a temporary care animal or volunteering at an Illinois Shorthair Rescue event/activity. I release Illinois Shorthair Rescue from any and all liability, now and in the future, from my voluntary action of caring for any Illinois Shorthair Rescue animal or my participation in an Illinois Shorthair Rescue event/activity.

signature

date

Parent/Guardian's Name _____

Relationship to above minor _____

Address _____

City/State/Zip _____ Email _____

Phone#(s) _____
(home) (cell) (work)

I agree to allow the minor above to volunteer with Illinois Shorthair Rescue. The above mentioned minor and I accept responsibility for any illness or damage that can occur from a temporary care animal or volunteering at an Illinois Shorthair Rescue event/activity. I release Illinois Shorthair Rescue from any and all liability, now and in the future, from the above mentioned minor's participation in Illinois Shorthair Rescue events/activities or from the voluntary caring for any Illinois Shorthair Rescue animal.

signature

date

Mail this completed form to:
Illinois Shorthair Rescue, PO Box 341, Gurnee, IL 60031
Email: ilgsprescue@aol.com
Fax: 847-327-1575