

**HAKU BALDWIN CENTER
PET THERAPY / ANIMAL EDUCATION PROGRAM
ACKNOWLEDGEMENT OF RISK AND LIABILITY RELEASE AGREEMENT**

I, _____, the undersigned, a legal adult and/or parent(s) or legal guardian(s) of _____, a minor, for and in consideration of the agreement of Haku Baldwin Center (a 501(c)(3) non-profit organization) to provide pet therapy, animal-assisted therapy/activities, petting zoo, and/or animal education to the legal adult, and/or said minor, do hereby acknowledge the following circumstances and risks in connection with the above described animal related therapy, activities and/or education:

1. I realize that working with, handling, or being around animals is a dangerous activity and that I, or the minor may be injured.
2. I pursue, or I am allowing the minor to pursue, these activities with full knowledge of the possible danger to me or to the minor.
3. I acknowledge that I have read and knowingly execute this Agreement and knowingly execute this waiver of a right to sue as provided below, on behalf of myself or the minor, recognizing that I have the right to have legal counsel review this Agreement prior to my execution of the Agreement, and that I, and the minor, agree to assume all risks associated with participation in animal related therapy, activities and/or education.

Further, the undersigned, on behalf of myself or the minor, do/does hereby release, acquit, discharge, and hold harmless Haku Baldwin Center, its officers, trustees, agents, employees, representatives, successors, or assigns, on account of any personal injuries, physical or mental condition(s), known or unknown, to the person of said minor, or legal adult, and the treatment thereof, as a result of or in any way growing out of the acts or omissions of Haku Baldwin Center, its officers, trustees, agents, employees, representatives, successors or assigns including, but not limited to, their negligence or gross negligence, in rendering the services above described, or in any way incidental thereto.

Signature _____ Date: _____
(Adult, Parent or Legal Guardian)

Print Name: _____
(Adult, Parent or Legal Guardian)

Print minor's name: _____ Date of Birth _____

Address: _____

Phone: _____ Email: _____

** A \$5 donation per attendee is appreciated. **(Circle one)**
**Are you (or is your child) allergic to any animal(s)? Yes/No If yes, please indicate which animal(s) : _____

AUTHORIZATION AND CONSENT
TO
PHOTOGRAPH / VIDEO RECORD/ BROADCAST AND PUBLICATION
RELEASE

The undersigned hereby authorizes Shannon Dominguez or representatives of Haku Baldwin Center to photograph, video record, broadcast, publish, reproduce the likeness, pictures and/of videos of the named attendee (circle if applicable) a minor, without payment or any other consideration associated with publication of the above in any form.

Name/Attendee: _____ Date of Birth: _____
(Person in photograph, video)

Address: _____

Phone: _____ Email: _____

Purpose of photograph / video recording or otherwise may be used in conjunction with advertising, promotion, information and publishing on the internet (web), print (i.e., articles, journals, magazines, newspaper) television, or other venues of publication. All pictures become the sole property of Shannon Dominguez.

I hereby certify as the signer that I am over 21 years of age, hold harmless, release and forever discharge Shannon Dominguez, Haku Baldwin Center and its' representatives from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate for the undersigned client and/or minor have or may have by reason of this authorization.

Signature Date

Adult/Parent/Legal Guardian Name (printed) Date