



Furry Friends
 Pet Assisted Therapy Services

Furry Friends Pet Assisted Therapy Services' mission is to consistently facilitate the delivery of the love and affection of our volunteers and their pets. We enhance the lives and touch the hearts of people with special needs.

We're Licking Loneliness!

Liability Release Form

Each human volunteer must complete and sign this form

1. Each **adult human volunteer** must complete and sign the section below

I acknowledge that even though Furry Friends Pet Assisted Therapy Services (PATS) may carefully screen its animal therapists prior to accepting them into PATS, animal behavior is inherently unpredictable. Therefore, I do hereby release PATS from any and all liability or responsibility due to any injury or loss that either I or my pet(s) may incur as the result of, or arising in any way from, my participation in any PATS sanctioned visit to a visitation site or other function in promotion of PATS.

Furthermore, I understand that from time to time, photos will be taken of PATS volunteers and animal therapists while PATS visits are taking place. I do hereby give permission to PATS to publish and use for public relations purposes any photo taken of me and /or my pet(s), provided that any such photos are used for PATS promotional purposes only.

Signed: _____ Date: ____/____/____

Name: _____

2. A Parent or Guardian of any human volunteer **under the age of 18** must complete and sign the section below

I am a parent or guardian of _____, who is currently under the age of 18. I acknowledge that even though Furry Friends Pet Assisted Therapy Services (PATS) may carefully screen its animal therapists prior to accepting them into PATS, animal behavior is inherently unpredictable. Therefore, I do hereby release PATS from any and all liability or responsibility due to any injury or loss that either I, my child or my pet(s) may incur as the result of, or arising in any way from, our participation in any PATS sanctioned visit to a visitation site or other function in promotion of PATS.

Furthermore, I understand that from time to time, photos will be taken of PATS volunteers and animal therapists while PATS visits are taking place. I do hereby give permission to PATS to publish and use for public relations purposes any photo taken of me, my child or my pet(s), provided that any such photos are used for PATS promotional purposes only.

Signed: _____ Date: ____/____/____

Parent Name: _____

Furry Friends Pet Assisted Therapy Services
 A California non-profit organization
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