



## CONSENT FORM, RELEASE FROM LIABILITY & INDEMNITY AGREEMENT

I/We, the undersigned parent(s) or guardian(s) of \_\_\_\_\_,

a minor, do hereby CONSENT to his/her participation in the Sheepish Grin Teen Program,

from \_\_\_\_\_ to \_\_\_\_\_.

I/We RELEASE and discharge Winslow Farm Animal Sanctuary and Sheepish Grin Animal Photography, board members, employees, agents and representatives (hereinafter collectively referred to as "Released Parties"), from any and all claims, damages, losses or expenses of every kind or nature which I/we may have or acquire as the parent(s) or guardian(s) of said minor arising out of, connected to, or resulting, directly or indirectly, from said minor's participation in the Program.

I/We also RELEASE and discharge the Released Parties from any and all claims, damages, losses or expenses of every kind or nature which said minor may have or acquire arising out of, connected to, or resulting from, directly or indirectly, his/her participation in the Program. I/We furthermore agree to defend and INDEMNIFY the Released Parties against and from any claim, damage, loss or expense of whatever kind or nature, including attorneys' fees, that the Release Parties may have to pay or be subject to that arise from or concern said minor's violation of any law or rule or any intentional, negligent, or reckless acts or omissions while participating in the program.

I/We hereby authorize any Sheepish Grin Animal Photography employee(s), representative, or agent(s) to act on our behalf in authorizing and consenting to emergency medical care for said minor if he/she becomes ill or is injured while participating in the Program. This Authorization and Consent may be presented to the appropriate emergency medical staff at such time as emergency medical care is required.

I/We hereby RELEASE and discharge the Released Parties from any and all claims of any nature whatsoever, which may arise out of the decision to provide emergency medical care to said minor.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date