



## Consent Form for Time with Animals

I, [Your Name] \_\_\_\_\_, hereby give my consent for myself or my dependent, [Dependent's Name] \_\_\_\_\_, to spend time with animals under the supervision of J & J Second Chance Small Holdings

(JJSCSH in following form). By signing this consent form, I understand and agree to the following terms and conditions:

- 1.) Assumption of Risks: I acknowledge that spending time with animals may involve certain risks, including but not limited to injury, allergic reactions, or psychological distress. I understand and accept these risks.
- 2.) Supervision: I understand that JJSCSH will provide adequate supervision during the time spent with animals to ensure safety and wellbeing. As a participant of time with animals I am ultimately responsible for my safety.
- 3.) Behavioral Guidelines: I agree to follow all instructions and guidelines provided by JJSCSH regarding appropriate behavior around animals. I will treat the animals with respect and refrain from any actions that may cause harm or distress.
- 4.) Allergies: I will inform JJSCSH of any known allergies to animals or related substances that may affect my or my dependent's ability to safely interact with the animals.
- 5.) Health Conditions: I will disclose any relevant health conditions or concerns that may impact my or my dependent's ability to participate in activities involving animals.
- 6.) Emergency Medical Treatment: In the event of an emergency, I authorize JJSCSH to seek medical treatment for myself or my dependent and I agree to be responsible for any associated costs.
- 7.) Media Release: Yes \_\_\_ No \_\_\_ I grant permission for photographs, videos, or other media recordings of myself or my dependent taken during the time spent with animals to be used for promotional or educational purposes by JJSCSH, without further consent.

Agreement: By signing below, I confirm that I have read, understood, and agree to abide by the terms and conditions outlined in this consent form.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Organization's or Individual's Signature \_\_\_\_\_ Date \_\_\_\_\_

Organization's or Individual's Printed Name \_\_\_\_\_ Position \_\_\_\_\_

Please retain a copy of this consent form for your records.