



Visitor, Volunteer and Employee Release

I understand that there are major risks involved in visiting and working on a farm and among large and small animals. I understand that any injury or illness incurred and all medical costs associated with such injury or contracted illness or disease will be my sole responsibility and I will hold harmless Pasado's Safe Haven, its Board of Directors, Staff and all of its representatives and associates.

In addition to all other incidents that may occur, I specifically release PSH and its associates from any liability resulting from the following:

- Any animal causes injury or resulting illness due to, but not limited to: a scratch, kick, buck or bite.
- I understand that injuries can occur from, but are not limited to, activities such as: walking, standing, running, riding, bending, crouching, stooping, lifting, climbing, pulling and simply moving, and will do my best to prevent such injuries.
- Any injury cause by: working with, working around, or riding: an equine on or around Pasado's Safe Haven Property.
- Because of the potential for disease transmission from animal feces I will wash my hands thoroughly between activities and before touching my eyes, mouth, and any other body part, or any other animal.
- Because of the risk of disease transference from interacting with Pasado's Safe Haven rescue animals I agree that I will take all precautions to remove any contaminated articles of clothing or other possible sources of contact before entering my own home, and interacting with my personal pets.

I understand that the specific risks listed here are not the only instances where I may become injured or exposed to illness, I agree that ANY injury, from ANY cause and ANY illness from ANY source of contamination as a result of my visit to, work with or volunteer time at: Pasado's Safe Haven and its associated properties is included in releasing Pasado's Safe Haven from liability for ALL injury or illness as a result of visiting, volunteering or working for Pasado's Safe Haven. I agree and understand that any treatment for, and any costs associated with, any illness or personal injury to myself, my property or my personal animals, incurred while working, visiting or volunteering at Pasado's Safe Haven, regardless of the reason, shall be covered by me personally. In addition, I hereby grant Pasado's Safe Haven, its representatives and employees the right to take photographs of me during any interaction with the animals at Pasado's Safe Haven. I further agree that Pasado's Safe Haven may use such photographs of me with or without my name or permission and for any lawful purpose, including such purposes as publicity, illustration, advertising and web content for an indefinite amount of time.

I hereby acknowledge that I have read and understand the above statements.

Signature: _____ Date: _____

Printed Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

E-Mail: _____

Pasado's Safe Haven will not share your personal information.

I do not wish to receive critical email communications from Pasado's Safe Haven



Student or Minor Child Visitor Release

I, _____ attest that I am the parent or legal guardian of:
Parent/guardian's full name

_____ Child's First Name	_____ Last Name	_____ Age	_____ Child's First Name	_____ Last Name	_____ Age
_____ Child's First Name	_____ Last Name	_____ Age	_____ Child's First Name	_____ Last Name	_____ Age
_____ Child's First Name	_____ Last Name	_____ Age	_____ Child's First Name	_____ Last Name	_____ Age

(Please list any addition children on the back of this form)

As this child/children's guardian, I agree that I am legally able to sign this waiver and accept sole responsibility for all that I attest to.

- I understand that my child will be informed by me to wash his/her hands thoroughly before touching his/her eyes, mouth, etc. because of the potential of disease transmission from animal feces.
- I understand that while every precaution is made to prevent injury to visitors or volunteers, there are potential risks involved when being near to any animal including injury and disease transmission through such process.
- I agree and understand that any treatment for and any costs associated with any illness or personal injury incurred while visiting or volunteering at Pasado's Safe Haven, regardless of the reason, shall be covered by me or my own medical or personal liability insurance.
- I specifically agree that Pasado's Safe Haven, its directors or volunteers, shall not be liable for any treatment or costs associated with any illness or personal injury incurred while visiting or volunteering Pasado's Safe Haven, regardless of the reason.
- In addition, I hereby grant Pasado's Safe Haven, its representatives and employees the right to take photographs of me and/or my children during any interaction with the animals or people at Pasado's Safe Haven. I further agree that Pasado's Safe Haven may use such photographs of me or my children with or without my name or permission and for any lawful purpose, including such purposes as publicity, illustration, advertising and web content for an indefinite amount of time.

By signing below, I agree that I have read and I understand the preceding and agree to allow my child to visit and/or volunteer at Pasado's Safe Haven under these conditions, recognizing that there are risks.

Patent/Guardian Signature: _____ DATE _____

Printed Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

E-Mail: _____

Pasado's Safe Haven will not share your personal information.

Please check this box if you do not wish to receive critical email communications.