

# PROJECT P.A.W.D.

*(PARTNERING  
ADOLESCENTS  
WITH DOGS)*



## PARENTAL PERMISSION SLIP/RELEASE OF LIABILITY

I \_\_\_\_\_, parent/guardian authorize my child \_\_\_\_\_ to participate in Project P.A.W.D. (Partnering Adolescents with Dogs). Project P.A.W.D. is an animal assisted therapy and education program that teams youth from the Eaton County Youth Facility Programs with abandoned dogs and/or a trained therapy dog. Under the direction of the Eaton County Youth Facility, Eaton County Animal Control and Eaton County Humane Society, the youth are responsible for the care, grooming, and training of the abandoned dog. In addition, as part of an extension of Project P.A.W.D. youth may have contact with a trained therapy dog that resides in the building.

It is understood that some activities will involve direct contact with dogs, and that activities are not entirely free of risk of injury.

The undersigned agrees to assume all risk, medical costs, and other liability that may arise from an injury as a result of participating in the Project P.A.W.D. Program. In the event of an injury to a participant, immediate first aid and other medical care deemed necessary will be provided. All reasonable efforts will be made to notify the parent/guardian as soon as possible.

The undersigned release and agree to indemnify and hold harmless the Eaton County Circuit Court/Family Division and all of their employees and agents, the Eaton County Youth Facility and all of their employees and agents, Project P.A.W.D., Eaton County Animal Control and all of their employees and agents, Eaton County Humane Society and all their employees and agents, County of Eaton and all of their employees and agents as well as other participating agencies from and against any loss, damage, injury or liability, of any nature, kind or description whatsoever, including but not limited to attorney fees, which may directly or indirectly result from or arise as a result of participation in Project P.A.W.D.

My son/daughter  does (please check one) have an allergy to pets.  
 does not

My son/daughter may have contact with  Humane Society Dog(s) (please initial box(es))  
 Trained Therapy Dog

\_\_\_\_\_  
Parent/Guardian Date

\_\_\_\_\_  
Youth Date

\_\_\_\_\_  
Coordinator Date

\_\_\_\_\_  
Witness Date