

## **“Young at HART” Registration Form 2011 - 2012:**

To enroll your child or children complete this form and return it to:

Heartland Animal Rescue Team  
15494 Dellwood Drive, Brainerd, Mn 56401  
Att: Jan Germann

**By Friday September 23, 2011**

Sorry no phone registrations.

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone; \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Student's Age: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_

Included in the registration fee:

**7 classrooms sessions, snacks, HART Companion walk with lunch and awards for perfect attendance.**

### **WAIVER AND RELEASE OF LIABILITY: YOUNG at HART PARTICIPANTS**

I \_\_\_\_\_, am the parent or legal guardian of: \_\_\_\_\_

I understand this child will be participating in the Young at Heart program and will have direct contact with domestic animals. I further understand the behavior of domestic animals is sometimes unpredictable, and some domestic animals are capable of inflicting serious personal injury or death, as well as extensive property damage. Knowing the risks of handling domestic animals, on behalf of the minor and myself, I agree to assume these risks and release indemnify and hold harmless Heartland Animal Rescue Team (HART) for any and all personal injury and property damage resulting from said child's participation. I give Heartland Animal Rescue Team (HART) authority to seek emergency medical treatment, if necessary, for said child. I understand, in event of an accident while said child is participating in Young at HART program, said child will be covered by a volunteer accident policy, which covers some medical costs. Young at HART is our designated volunteer program for children twelve years of age and under. I know of no medical or other condition which would prevent said child from participating in this program at Heartland Animal Rescue Team (HART). I will notify the teachers of the Young at HART program of any food allergies, as well as other medical conditions, that could lead to concerns during the Young at HART classes.

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
Date:

Relationship to minor: \_\_\_\_\_