

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

ANIMAL-ASSISTED THERAPY

Child's name: _____

Parent/Guardian's name: _____

I, _____
Parent or guardian's name

grant permission for my child, _____
Child's name

to participate in this parish event that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of Home On The Range ("HOTR") employees.

A brief description of the activity follows:

Type of event: Equine-Assisted Therapy and/or Canine-Assisted Therapy

Date of event: During court ordered placement at HOTR

Destination of event: At HOTR premises and other locations where animal-assisted therapy is facilitated by HOTR employees.

Individual in charge: Dr. Mel Rose, PsyD, Executive Director

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant").

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend HOTR, its officers, directors, employees and agents, and the Diocese of Bismarck, its employees and agents, chaperons, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate HOTR, its officers, directors and agents, and the Diocese of Bismarck, its employees and agents and chaperons, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of HOTR.

Signature: _____ Date: _____

Signature: _____ Date: _____