

# Parental Permission Slip

\_\_\_\_\_ will be participating in the Read to a Therapy Dog Program ("Program") at the Butt-Holdsworth Memorial Library.

Volunteers and their dogs will work with individual children whose parents or legal guardians have given their written authorization for their participation in the Program. There is no charge for this Program.

Participation by your child in this Program will not be authorized until your written permission is received. You may at any time terminate your child's authorization to participate.

In addition to signing below, please indicate (by checking the appropriate box), whether your child is allergic to dogs or other animals. In the interest of your child's safety, if your child is allergic, we cannot offer participation to your child in the Program.

By signing this permission form, you agree to indemnify, defend, and hold harmless the Humane Society of Kerrville volunteers and the City of Kerrville, Texas and all of its officers, agents, and employees from all suits, actions, claims, damages, personal injuries, losses, property damages, and expenses of any character whatsoever, including attorney's fees, brought for or on account of any injuries or damages received or sustained by any person or property on account of any negligent act of the person participating in the Read to a Therapy Dog Program. This agreement is binding on any of your respective officers, employees, agents, representatives or assigns.

Please sign and return.

Name of child: \_\_\_\_\_

Child's date of birth: \_\_\_\_\_

My child: is  is not  allergic to dogs or other animals.

I DO give permission for my child \_\_\_\_\_ to participate in the Read to a Therapy Dog Program.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Printed Name of Parent or Legal Guardian

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