Animal Encounter Waiver and Release of Liability

Organization Name: Suncoast Humane Society

Effective Date: 8/21/2026

1. Participant Information

Name: _____
Date of Birth (if under 18): _____
Address: _____
Phone Number: _____
Email: _____

Parent/Guardian Name (if participant is a minor): _____

2. Acknowledgment of Risks

I, the undersigned, understand that participation in an animal encounter experience with Suncoast Humane Society involves inherent risks. These may include, but are not limited to:

- Bites, scratches, allergic reactions, or other injuries caused by animals
- Exposure to zoonotic diseases (diseases transmitted from animals to humans)
- Slips, trips, or falls on the premises
- Behavioral unpredictability of animals regardless of prior training or temperament

Tongs will be provided for guests to use during feedings as a safety precaution. Please note that you are assuming added risk by choosing not to use them during this portion of the experience.

I acknowledge that Suncoast Humane Society takes reasonable precautions to ensure a safe environment, but cannot eliminate all risks associated with live animal interaction.

3. Voluntary Participation

My participation in this activity is voluntary, and I accept full responsibility for any risks, injuries, or damages, known or unknown, which I might incur as a result.

4. Assumption of Risk and Release of Liability

I hereby release and hold harmless Suncoast Humane Society, its officers, directors, employees, volunteers, agents, affiliates, successors, and assigns from any and all liability, claims, demands, or causes of action, that may arise from participation in the animal

encounter experience, including claims for personal injury, illness, property damage, or wrongful death.

This release applies even if such injury or damage is caused in whole or in part by the negligence or other fault of the released parties.

5. Medical Treatment Authorization

In the event of injury or medical emergency, I authorize Suncoast Humane Society and its staff to obtain medical treatment deemed necessary. I understand that I am responsible for all costs associated with such treatment.

6. Photographic Release

I grant permission for Suncoast Humane Society to use photographs or videos taken during the encounter for promotional, educational, or commercial purposes. I waive any right to compensation or approval of materials.

☐ Check here if you do not consent to photo/video usage.

7. Minors

If the participant is under 18 years of age, this form must be signed by a parent or legal guardian. The parent/guardian assumes all risks and liabilities on behalf of the minor.

8. Severability

If any part of this waiver is held to be invalid or unenforceable, all other provisions shall remain in full force and effect.

9. Governing Law

This agreement shall be governed by the laws of the state of Florida.

10. Signature

Participant Signature: _____ Date: _____

Parent/Guardian Signature (if minor): _____ Date: _____