



VOLUNTEER RELEASE WAIVER
The Maui Humane Society

I, _____ authorize the Maui Humane Society to seek emergency medical treatment for my child, _____, in case of an accident, injury or illness and to hold MHS harmless in such an event. I understand that under MHS Worker Compensation Policy, volunteers are not eligible for coverage for injuries sustained while volunteering at the shelter or any other MHS sponsored events.

I, _____ waive all claims against the Maui Humane Society, the City and County of Maui or the State of Hawaii, and/or their members, directors, employees and volunteers for all personal injury and property damages resulting from volunteer work for the Maui Humane Society.

Child's Name

Parent/Guardian Signature

Date

Print Parent/Guardian Name

MHS Representative Initial

Date