

## 2023 Application and Release Forms

Please complete this Participant's Application and Release Form and return it to GREY MUZZLE MANOR with your payment. Email completed forms to [Marcy.Tocker@gmail.com](mailto:Marcy.Tocker@gmail.com) or send to 1164 Blattadahl Road, Mohrsville, PA 19541. Paypal to [Mtocker@greymuzzlemanor.org](mailto:Mtocker@greymuzzlemanor.org), card, or check accepted. Payment due date varies on service provided.

Recreational \_\_\_\_\_ Therapeutic \_\_\_\_\_ Program \_\_\_\_\_ (include program name)

Participants Name: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_

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

Employer/School: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name(s) of Parent(s), Guardian or Caregiver: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

### Emergency Contact Information:

1. Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work \_\_\_\_\_

2. Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

How did you hear about our Program?

\_\_\_\_\_

Goals (i.e. why is Participant applying for participation? What would Participant like to accomplish?)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Media Release Form

I, \_\_\_\_\_, hereby grant permission to \_\_\_\_\_, the rights of my image, in video or still, and of the likeness and sound of my voice as recorded

on audio or video without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area.

Photographic, audio or video recordings may be used for ANY USE which may include but is not limited to:

- Presentations;
- Courses;
- Online/Internet Videos;
- Media;
- News (Press);

By signing this release, I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the Internet or in the public educational setting. I will be consulted about the use of the photographs or video recording for any purpose other than those listed above.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed. This release applies to photographic, audio or video recordings collected as part of the sessions listed on this document only.

By signing this release, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for educational purposes.

Full Name \_\_\_\_\_  
Street Address/P.O.Box \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_  
Email Address \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

If this release is obtained from a presenter under the age of 18, then the signature of that presenter's parent or legal guardian is also required. Parent

Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Liability Release Form**

I acknowledge that any therapeutic, learning, and/or recreational activities involving the animals at Grey Muzzle Manor involve unanticipated risks which could result in physical or emotional injury, paralysis, and death to me, participants responsible for, property, or third parties. I understand that such risks cannot be eliminated without jeopardizing the qualities of the visit.

I agree to accept and assume all risks existing in these activities, known and unknown. My participation in these activities is voluntary and I elect to participate despite known and unknown risks.

I certify that I have insurance to cover any injury or damage I may cause or suffer from while participating in these activities. If not, I agree to bear the costs of such injuries or damage. I agree that I do not have any medical or physical conditions which would interfere with my safety in these activities. If I do, I have previously disclosed and discussed with an agent of the organization. I am willing to assume the cost of all risks that might be created (directly or indirectly) by any such condition.

I agree to hold harmless and indemnify Grey Muzzle Manor Sanctuary, Inc and further release them from any liability or responsibility for accident, damage, injury, illness, or death to the undersigned or any family members or spectator(s) accompanying the undersigned.

-Signature below indicates receipt of this release and full knowledge of it's contents.

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Participants name

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Address

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Signature of participant

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Date

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Signature of parent/guardian

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Date