



READING 2 RESCUES APPLICATION

Please provide personal information:

(Personal information is for LLBRHS use only)

Parent's Names _____

Children's Names _____ Date of Birth _____

_____ Date of Birth _____

Address _____ Apt # _____

City, Province, Postal Code _____

Phone Number _____ Email _____

Please provide an alternate contact person in case of emergency:

Name _____

Relationship _____

Home Phone _____ Alternate Phone _____

WAIVER OF RESPONSIBILITY

I _____ (adult's name) and
_____, (child's name) _____, (child's name)

am/are about to participate in the Reading 2 Rescues Program at Lac La Biche Regional Humane Society, and I am doing so entirely upon my own initiative, risk, and responsibility. I hereby for myself, my heirs, my executors remise, release, and discharge the Lac La Biche Regional Humane Society, it's officers, volunteers, and employees from all claims, demands, actions, or cause of action on account of any injury to me, my child (ren), or my property which may occur during my time at the shelter.

I also give Lac La Biche Regional Humane Society permission to use photos, videotape or electronic images of me and my child(ren) for future promotional and educational publications in regards to the Reading 2 Rescues Program.

Date Signature

Mission Statement

To enable the provision of humane treatment to the animals that would otherwise be neglected, mistreated or killed. To relieve the pain and suffering of animals through educational efforts as well as direct intervention. We believe that the neglect of the local animals is a regional problem and it deserves a regional solution.