

Child's name: \_\_\_\_\_  
FIRST LAST

Age: \_\_\_\_\_ Grade (if applicable): \_\_\_\_\_

Phone (for emergencies): \_\_\_\_\_

Email (if you would like a reminder): \_\_\_\_\_

I grant permission for my child to attend the "Read with Rover" program involving reading to trained dogs. By registering my child for this program and giving my child permission to participate, I waive and release all claims for injury my child or myself might sustain. I recognize that there are certain risks involved with working with animals, and I agree to assume full risk to my child and agree not to hold the West Bend Community Memorial Library or The Washington County Humane Society liable in any way.

Parent/Guardian name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

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

Child's name: \_\_\_\_\_  
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