



Loving Hands Animal Clinic  
13775 Highway 9 North \* Alpharetta, GA 30004 \* (770) 667-9022

## Shadow Program Application & Release Form

Participant Name \_\_\_\_\_  
Parent/Guardian Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Male \_\_\_\_\_ Female \_\_\_\_\_ (please check one)  
Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_  
Allergies or Medical Conditions of Participant \_\_\_\_\_

*Parents/Guardians – Please be aware that your child may be exposed to blood, urine, feces, and/or vomitus. Please alert the Shadow Program Coordinator or front desk staff if you feel this exposure would be difficult for your child to handle. Also, we may use photos of Shadow Participants on our website or Facebook page. Do we have permission to use photos which may include your child's likeness?*

*Please initial: Yes \_\_\_\_\_ No \_\_\_\_\_*

It is hereby understood that I am strictly a participant of the Shadow Program at Loving Hands Animal Clinic. I am neither an employee nor agent, nor have any association with Loving Hands Animal Clinic in any capacity other than as a participant in a program designed for community education. I hold Loving Hands Animal Clinic free of any and all claims which may arise as a result of my program activity.

I understand I will not be allowed to administer any services to the animals in the care of Loving Hands Animal Clinic, and that I am present only as an observer. I understand I must follow dress code guidelines to participate in the Shadow Program.

*I am a minor living with my parent or guardian and have their permission to participate in this program and follow the guidelines as stated above.*

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Or

*This will attest to the fact that I am at least 18 years of age and understand the agreement which is being signed in the presence of a witness.*

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_  
Witness Signature \_\_\_\_\_ Date \_\_\_\_\_