



Date \_\_\_\_\_

I/We \_\_\_\_\_ do hereby grant permission for my/our child \_\_\_\_\_ to participate in the DEAR program. I/We understand that this program will utilize a therapy dog and handler to help relax and encourage my child to read.

As a parent (or legal guardian), I release, acquit, and forever discharge Howard County Library System, Fidos for Freedom, Inc., and its volunteers, agents and employees from any and all future liability resulting from any and all claims for causes of action which I now or may in the future for personal injuries, damage to property, loss of services, medical expenses, losses or damages of and any and every kind whatsoever that may arise from the activity described above.

\_\_\_\_\_  
Signature, Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature, Participating Child

\_\_\_\_\_  
Date