

Humane Society of the Flint Hills

Foster Care Waiver of Liability, Assumption of Risk, and Indemnification Agreement

Last Name _____	First Name _____		
Address _____	City _____	State _____	Zip _____
Phone (Work) _____	(Home) _____	(Cell) _____	
Email _____	Animal ID _____		

I, the undersigned, acknowledge my desire to provide a foster home for the animal detailed above (the "Foster Animal") which are owned and/or for which the Humane Society of the Flint Hills (HSFH) is entrusted with caring for. I understand by executing this Agreement that the HSFH is granting me permission to keep, protect, feed, and care for the Foster Animal, and I attest that I have the requisite experience and expertise, and that I am knowledgeable in handling and care of the particular animal(s) entrusted in my care.

I understand that there are inherent risks associated with handling and caring for the Foster Animal, including, but not limited to, the risk of personal injury resulting from animal bites, scratches, medical conditions, or disease. With such understanding, I agree for myself, my heirs, personal representatives and assigns, to waive, release and forever discharge the HSFH and any affiliated entity, managers, directors, agents, officers, employees, volunteers, or trainer of the HSFH ("Releasees"), from any and all claims, demands, losses or damages relating to any injury, to me, my property, and any other third party or their property, including, but not limited to, death or injury caused or alleged to be caused, in whole or in part, by my actions or the actions of the Releasees, unless caused by Releasees willful or gross negligence.

Furthermore, I agree for myself, my heirs, personal representatives and assigns, to indemnify and hold harmless the HSFH from any loss, claims, action, causes of action, or proceedings of any kind which may be initiated by myself or any other person or organization as a result of any damage or injury caused by the Foster Animal, including demands, judgments, costs, loss of services, expenses, or reimbursement of reasonable attorney's fees.

By providing a foster home for the Foster Animal in my care, I understand that their stay in my home is temporary, and I will return the Foster Animal to the HSFH upon request by the HSFH. Should I wish to permanently keep any animals from the HSFH who are temporarily staying in my home as a Foster Animal, I agree to go through the HSFH adoption procedure as designated by HSFH's policy on adopting animals. I understand and agree that the foster care of the Foster Animal does not create a property right in that animal, and the Foster Animal may be removed at any time by the HSFH, with or without cause. I understand I will not take the Foster Animal to another veterinary office without permission from authorized personnel. Furthermore, I agree that I will pay for any unauthorized veterinary care and/or additional supplies deemed unnecessary by the HSFH. If there is a medical emergency, I will follow the protocol attached to this Agreement.

I have read this Agreement, and understand that by signing it I give up substantial rights that I would otherwise have to recover damages for loss occasioned by the actions, including negligence of Releasees, and sign it voluntarily and without inducement.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_