



Foster Home Waiver

PAWS IN NEED ANIMAL RESCUE WAIVER, RELEASE OF LIABILITY, AND ARBITRATION AGREEMENT

Hereafter the person(s) fostering the dog will be referred to as the Participant

Participant Full Name: _____ Date: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

This document affects and limits your legal rights. You must read this document carefully and consider it before you initial each paragraph and sign this document. If you do not understand any part of the document a representative from Paws in Need Animal Rescue will explain it to you. The participant(s) for himself/herself and on behalf of his/her heirs, assigns, personal representatives and next of kin discharge Paws in Need Animal Rescue as follows:

1. **DISCLOSURE OF RISK:** I am fully aware that fostering any animal through Paws in Need Animal Rescue or volunteering for the rescue has known and unknown risks. I acknowledge that fostering any animal or volunteering at any event with rescue animals may carry potential of injury, loss of property, and physical harm. The risks may include but are not limited to, being bit or nipped by rescue animals, lifting animals or crates, vehicular traffic, actions of other people including, but not limited to, participants, volunteers and spectators. These risks are not only inherent to participants but also present for volunteers.
2. **TO ASSUME ALL RISKS INHERENT TO PARTICIPATING IN RESCUE WORK:** I freely and voluntarily assume and accept the risk of any injury or harm to my person or property which may result from fostering any animal.

3. TO RELEASE FROM ALL DAMAGES AND LEGAL ACTION: Paws in Need Animal Rescue and/or the founders, volunteers, representatives, agents, the activity or event holders, the activity or event sponsors, the activity or event volunteers and shareholders, the facility and their owners, from all liability for any loss, damage, injury, or expense that the participant(or his/her next of kin) may suffer, arising out of the inherent risks or participation in fostering/volunteering, which include, but are not limited to, the instruction received while participating in fostering/volunteering.

4. INSURANCE AND PHYSICAL CONDITION: I understand that Paws in Need Animal Rescue is not providing any medical or other insurance benefits to me. I am in good health and have no physical condition, disability, or injury that would make it dangerous for me to participate in fostering or volunteering with PAWS IN NEED ANIMAL RESCUE.

I CERTIFY THAT I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, AND FULLY UNDERSTAND THAT I/WE ARE AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT THAT I/WE SIGN ON OUR OWN FREE WILL GIVING UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE NOT CHANGED IT ORALLY, AND SIGN AND DATE THIS AGREEMENT VOLUNTARILY:

Signature of Participant: _____ Date: _____

FOR PARTICIPANTS OF MINORITY AGE

This is to certify that I, as parent/guardian with legal responsibility for this Participant, do consent and agree to his/her release as provided above.

Signature of Guardian: _____ Date: _____