## **Headwaters Animal Shelter**

901 Western Avenue South Park Rapids, MN 56470 (218) 237-7100

website: headwatersanimalshelter.org

## **Foster Caregiver**

Indemnity Waiver, Release of Liability and Assumption of Risk

Full Name Address			Animal Information  H.A.S. Number(s)  H.A.S. Name(s)				
				City	State	Zip code	MALE/FEMALE AGE
				Home PH.# Cell/Work PH. #		ork PH.#	Description:
Email							
• 0		1 .	for personal injury, property damage suffered and/or my participation as a foster caregiver for the Headwaters				
and against all lia	bility, claims, de	mands, damages t	ll employees, agents and/or volunteers collectively from to my person or property result of my participation as a caregiver.				
against, sue, attac	h the property of	f and /or prosecute	giver, <b>I further agree</b> that I will not make any claim the Headwaters Animal Shelter for any personal injury, of the event that gave rise to a claim.				
capable of spread Knowing the risk	ing disease, infli- of handling dom emnity and hold	cting personal injunestic animals never harmless the Head	nimals is unpredictable and that domestic animals are arry, causing property damage and/or causing death. ertheless, I hereby agree to ASSUME THOSE RISKS dwaters Animal Shelter, who might otherwise be liable to				
			ver/Release of Liability and Assumption of Risk for is rdians, legal representatives, and/or assigns.				
AN INDEMNIT	Y WAIVER/RE CONTRACT BI	LEASE OF LIA	LLY AND FULLY. I AM AWARE THAT THIS IS BILITY AND ASSUMPTION OF RISK FORM AND HEADWATERS ANIMAL SHELTER AND L.				
Signature			<b>Date</b>				
H.A.S. associat	te						