**Foster Agreement**

1. I understand that I am the primary caretaker. I will provide adequate food, water, social interaction, potty breaks, litter cleaning, and essential daily needs.

2. I agree that I will not relinquish custody of the foster pet to anyone except HSWM, **even temporarily**.

3. I understand that my foster pet may cry, whine, fearful, shy, sick, depressed, have had past trauma or abuse, not know commands, may chew or scratch my belongings, and needs my love and compassion.

4. I understand foster pets are only temporarily in my care and remain the property of HSWM and are subject to relinquishment at any time. Failure to return a Foster Pet will result in termination as a foster and a “do not adopt” status and/or legal action.

5. I agree to follow HSWM Emergency Contact Protocol immediately, when a foster pet is experiencing a medical/health emergency. I understand that my foster pet may need to be brought to HSWM for medical evaluation as soon as possible. I understand a decision will then be made by HSWM if the animal must stay at the shelter or return to the foster home.

6. I understand private veterinary costs incurred by the foster parent **WILL NOT** be reimbursed by HSWM.

7. I understand that HSWM **WILL NOT** reimburse me for any expenses related to food, toys, litter, medication, and daily care items associated with my foster pet.

8. If my foster pet escapes my home or becomes lost, I will **immediately** notify the HSWM Foster Coordinator.

9. I will not take my foster pet to a groomer

10. I will not take my foster dog to a dog park/beach without prior permission from the HSWM Foster Coordinator.

11. I agree to keep my foster dog on a 6ft. non-retractable leash when outside.

12. I agree that I will not allow my foster cat outdoors.

13. I will not give my foster cat or kitten a bath before speaking to the HSWM Foster Coordinator.

14. I will notify the HSWM Foster Coordinator immediately if my foster pet exhibits aggressive behavior.

15. I understand that my foster animal’s health is not guaranteed and may break with illness while in my care.

16. I understand my personal companion animals could be exposed to illness and I understand that it is highly recommended to quarantine my foster animal for at least 10 days to prevent exposure to my household.

17. I understand that **I am not allowed to administer ANY** medication to my foster animal without permission from the HSWM Foster Veterinary Technician or HSWM Veterinarian. I also understand that I am not allowed to STOP ANY medication without permission from the HSWM Foster Veterinary technician or HSWM Veterinarian.

18. I understand that it may be necessary for HSWM Medical Team to make a decision of euthanasia based on severe illness or behavior.

19. I understand HSWM is not responsible for damage to personal property and I waive my rights to make any claim of liability for any injury or damages.

20. I agree to return my foster kit containing supplies provided by HSWM. If I fail to return my supply kit, I may be charged a fee of $10. I understand when I return my supply kit, this allows another shelter pet the opportunity for foster care.

21. I understand that I must communicate with the HSWM Foster Coordinator and Foster Veterinary Technician in a timely manner and keep my contact information up to date.

22. I agree to help build my foster’s adoption profile by taking frequent pictures and sending them to the HSWM Foster Coordinator.

23. I understand that if I want to adopt my foster animal, I need to let the Foster Coordinator know ASAP, or before they have surgery.

**Signing this contract, you acknowledge that you have read and agree to all terms listed above.**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(print)*

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HUMANE SOCIETY OF WEST MICHIGAN**

# VOLUNTEER OR GUEST RELEASE AND WAIVER

Volunteer/Guest Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This Release and Waiver of liability is signed and delivered effective as of the date stated above by the person identified above (the “volunteer,” or the “guest,” as applicable) in favor of Humane Society of West Michigan and its directors, officers, employees, and agents (collectively, “HSWM”).

I, the volunteer or guest, acknowledge that I am a volunteer or guest at HSWM. **I am not an employee, agent, or independent contractor of HSWM**. As a volunteer or guest, I acknowledge that I am not entitled to any remuneration or compensation, regardless of any services I may provide. I also acknowledge that certain hazards and dangers are inherent in activities involving interaction with animals, and that animals, by their very nature, can exhibit unexpected behavior and unpredictable behavior, especially when the animals have previously been exposed to abusive conditions. With these acknowledgements, I am freely and voluntarily delivering this Release and Waiver Agreement under the following terms:

**Waiver and Release**  I hereby release and forever discharge and hold harmless HSWM and its successors and assigns from any and all liability, claims, demands and causes of action from my participation as a volunteer or guest at HSWM. I understand and acknowledge that this Release discharges HSWM from liability or claims that I may have with respect to bodily injury, including, without limitation, animal bites or scratches; illness; death; or property damage. I also understand that HSWM does not assume any responsibility or obligation to provide financial assistance, including, but not limited to, medical, health, or disability insurance, in the event of injury, illness, death or property damage.

**Insurance** As a volunteer or guest, I understand that HSWM does not provide worker’s compensation insurance on my behalf because I am not an employee. AS A VOLUNTEER OR GUEST, I AM EXPECTED AND ENCOURAGED BY HSWM TO MAINTAIN, MEDICAL, HEALTH AND ALL OTHER APPLICABLE INSURANCE FOR MY OWN BENEFIT.

**Medical Treatment** I hereby release and discharge HSWM and its successors and assigns from any and all liability claims, demands, and causes of action on account of first aid or other medical treatment rendered during my participation as a volunteer or guest at HSWM.

**Photographic Release** I grant and convey to HSWM all rights, title and interest to any and all photographs, images, video and audio recordings made by HSWM during my activities with HSWM that include my image or likeness, including, without limitation, to any royalties, donations, proceeds or other benefits derived from such photographs or recordings. I permit HSWM to publish any such images, recordings and videos at will on its website, social media sites, marketing materials and in other media for advertising and other use as HSWM deems appropriate in its sole discretion.

**Other** This Release and Waiver is intended to be as broad and inclusive as permitted by law, and that this Release and Waiver is governed by and will be interpreted in accordance with the laws of the State of Michigan. In the event that any clause or provision of this Release and Waiver is determined to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision will not affect any other provisions of this Release.

I sign below to acknowledge that I have read and understand this Release and Waiver and agree to its provisions.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of volunteer or guest

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent or guardian if volunteer or guest is not of legal age.

**The following concerns have verbally been disclosed to me, the foster parent, by an HSWM staff member**

*initial each line below*

**\_\_\_\_ \_\_\_\_ 1.**

*Foster Staff*

**\_\_\_\_ \_\_\_\_ 2.**

*Foster Staff*

**\_\_\_\_ \_\_\_\_ 3.**

*Foster Staff*

**\_\_\_\_ \_\_\_\_ 4.**

*Foster Staff*

HSWM Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Foster Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_