

FOSTER CARE AGREEMENT

S.A.F.E., INC.

P.O. Box 6829, APACHE JUNCTION, AZ 85278

I _____ agree to foster _____ beginning _____

I agree to acknowledge that my service as a foster parent is provided strictly on a volunteer basis. I agree to receive NO Pay, Benefits, or Compensation of any kind from Save Animals from Euthanasia (SAFE) or any of its members or volunteers.

I AGREE TO THE FOLLOWING PROCEDURES (BUT NOT LIMITED TO):

- 1) Provide adequate food, water, shelter, and kind treatment for the animal(s) at all times.
- 2) If veterinary treatment is necessary, I will transport the animal only after I've received approval From the president, or treasurer of the organization.
- 3) Monitor the animal(s) to assure proper health so that they are completely healthy at the time of adoption.
- 4) Notify _____, president or treasurer as to any behavioral or health problems that the animal may have.

LIABILITY RELEASE AND WAIVER: I, the undersigned, understand that my participation with SAFE is strictly on a volunteer basis. I understand that there are inherent risks associated with my volunteer activities, including the risk of personal injury resulting from animal bites and other animal behavior.

In exchange for the SAFE agreement to allow me to participate in it's volunteer program, I hereby release the SAFE organization, including it's officers, agents, and members from any and all claims of liability of any kind whatsoever, including but not limited to claims negligence and/or injury to me arising out of my participation with the SAFE volunteer program. I understand that by signing below, I am waiving any and all claims against SAFE, its officers agents and employees of any kind whatsoever arising from the taking of custody of the animal by SAFE including but not limited to claims of negligence, veterinary malpractice, conversion, breach of contract and or personal injury.

I also expressly warrant and represent that no other person, including my spouse, boyfriend, girlfriend, or domestic partner, has any ownership rights or interests of any kind in the animal; and that I have sole right and exclusive authority to place the animal in custody of SAFE under the terms of the Agreement. As further consideration for the SAFE agreement to take custody of the animal, I agree to defend indemnify, and hold harmless SAFE, including its officers, agents, and employees, including veterinary staff, from any claims or demands by anyone who may assert ownership rights or an interest in the animal.

Foster Family Name: _____

Address (city, state and zip) _____

e-mail address: _____

Contact Phone(s): Work _____ Home _____ Cell _____

Foster Signature: _____

Authorized SAFE, Inc. Signature _____

Authorized SAFE, Inc. Contact Phone Number and e-mail Address: _____