



X-Port Paws, Inc

8116 Laborie Lane

Wellington, FL 33414

Liz Stockton: (561) 371-6202 Michelle Katzman: (201) 852-7796

xportpawsinc@gmail.com

VOLUNTEER/FOSTER CARETAKER AGREEMENT

Name: _____ Driver's License No: _____

Address: _____ DL Expiration Date: _____

City: _____ ST: _____ Zip: _____ Home Phone: _____

E-mail: _____ Cell Phone: _____

ER Contact Name: _____ Cell Phone: _____

IF NOT FOSTERING AN ANIMAL – PLEASE SKIP TO THE SIGNATURE SECTION

I would like to foster: ☐Dogs ☐Puppies
☐Small ☐Medium ☐Large

I understand and agree to the following: (please initial each item)

_____ The animal(s) released in the foster care program maybe incubating a medical condition that could affect my personal animal(s) at home. I understand that it is possible that during medical processing of the foster pet, some illness and/or injury and/or parasite may go undetected. It is my responsibility to ensure that my personal animals are protected from a potential disease to which they may be exposed as a result of my taking foster animals into my home.

_____ If at any time the foster animal runs away, gets lost, injured, becomes ill or passes away I will notify my Foster Coordinator immediately.

_____ I understand that any animal has the potential to bite, injure or even cause death to another animal or human being.

_____ I have the option to return the foster animal(s) in my care to X-Port Paws if I choose to no longer have the foster responsibilities. I agree to return the animal and supplies given to me by X-Port Paws if I am no longer able to care adequately for the animal. I cannot transfer (even temporarily) to anyone without the prior approval of my Foster Coordinator.

_____ I will make every effort to be a responsible foster parent and will not hold X-Port Paws or its Board of Directors accountable for any action taken by the foster pet while under my care.

_____ I agree that it is my responsibility to adhere to any veterinary appointments made for the foster animal and to make the animal available for adoption by ensuring the animal is in attendance at the adoption events as requested by X-Port Paws. Animals brought to the events must be clean, free of external parasites and in good health.

_____ X-Port Paws reserves the right to cancel the Volunteer/Foster Caretaker Agreement and remove any and all foster pet(s) for any reason in its sole discretion.

_____ I agree to the above terms and understand that my failure to comply with any of the above items may result in the termination of my foster privileges with X-Port Paws.

Signature (Parent Signature if under 18yrs old)

Date



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RELEASE

For valuable consideration which is hereby acknowledged, this release and covenant not to sue is executed and delivered by the below-signed person, and in favor of X-Port Paws, Inc., a non-profit corporation [hereinafter "The Group"], which release and covenant shall inure to and for the benefit of The Group itself and related organizations, its successors and assigns, officers, agents, directors, members, volunteers, representatives, and other affiliated partners; and shall bind the below-signed person and the below-signed person's successors and assigns; spouse, natural or appointed guardian or ward, or parent, heirs, executors, administrators, agents, and representatives.

The below-signed person agrees not to institute any action or suit of law or equity against The Group and related parties, nor institute, prosecute or in any way aid, assist or participate, directly or indirectly in the institution or prosecution of any claim, demand, loss or injury either to person or property, or both, whether developed or undeveloped, resulting or as a result of, known or unknown, past, present or future, arising from The Group and its facilities (including, but not limited to, any damage, loss or injury either to any person or property, or both resulting from contact with or the actions or conduct of any animal at or in the custody or control of or in connection with the below-signed person, including but not limited to incidents arising from any animal bite, animal scratch, animal disease, medical condition of any animal, failure to warn, failure to instruct, or failure to disclose any matter by The Group to the below- signed person.

The below-signed person further hereby releases, demises, and discharges X-Port Paws, Inc. its partners, and related parties and covenants and agrees to defend indemnify and hold The Group, its partners and related parties harmless of and from any and all of the foregoing, including, but not limited to actions, causes of action, claims, demands, damages, suits, costs, expenses said below-signed person has, had or may have for any reason or which may occur or arise by reason of the below-signed person participation or activity now, heretofore or hereafter at or with X-Port Paws, Inc..

This instrument reflects the entire covenant and release agreement and understanding of the parties and no statements, promises, or inducements allegedly or actually made by or on behalf of The Group with respect hereof not contained herein shall be valid and binding.

The below-signed person executes and delivers this release and covenant not to sue agreement and instrument in order to induce The Group to permit said person to perform an assigned duty and with any equipment necessary to perform said duties and/or while performing community service hours by order of any court.

The below-signed person has carefully read and understands the foregoing and has the right and wishes to voluntarily execute instrument and so acknowledges.

Volunteer Name

Name of person signing form (if other than volunteer)

Signature (Parent or Guardian if a minor)

Date