



CUMBERLAND
★ COUNTY ★
NORTH CAROLINA

ANIMAL SERVICES DEPARTMENT

Foster Contract/ Release Form

I understand fully that this/these foster animal(s) are temporarily in my care and belong exclusively to Cumberland County Animal Services (CCAS). I understand if the animal becomes sick or injured while in my care I am to return the animal to CCAS for evaluation. **If I take the animal to a veterinarian I will be responsible for all costs and fees.** I understand that when the animal(s) are ready for adoption, I will bring them back to CCAS for placement. Any and all placements of the animal(s) will be made through CCAS and are subject to the same guidelines as any other adoptable animal. CCAS cannot guarantee placement of all foster animals. Foster animals that do not find homes or rescue placement may be euthanized. I agree to allow CCAS to inspect the area the animal(s) will be kept.

I understand that working with animals has inherent risks. I voluntarily agree to expressly assume all risks of injury or death that may at anytime result from any and all such activities. **I agree to release Cumberland County, the Cumberland County Animal Services Board and CCAS** and their respective officers, directors, employees, volunteer workers, attorneys, agents, board members and insurers, and their representatives from all liability for injury, death, property damage or loss that may result from my participation in activities associated with CCAS whether such liability results from any act, omission, failure to act, or the negligence of any person or from any other cause. This release applies whether or not the injury, death or property damage or loss occurs on the property of Cumberland County or its department, CCAS.

I understand that neither Cumberland County nor CCAS provides insurance or workers compensation coverage of any nature for volunteers. I agree to assume full monetary responsibility arising from any injury, death or property damage to include pain and suffering, emotional distress, post traumatic stress disorder or any other mental or emotional damage, stress or trauma.

This agreement is binding upon the undersigned's heirs, executors, administrators and assigns. I acknowledge that the laws of the state of North Carolina govern this agreement.

If any provision of this agreement is held in whole or in part to be unenforceable for any reason, the remainder of that provision and of the entire agreement will be servable and remain in effect.

I HAVE READ, UNDERSTAND AND VOLUNTARILY AGREE TO THIS AGREEMENT AND RELEASE OF LIABILITY.

Signature: _____ Date: _____

Name _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone Number _____