

## **RELEASE AND INDEMNIFICATION AGREEMENT**

I have requested the assistance of the Humane Society of Missouri ("Society") in locating a person ("Foster Person") willing to provide temporary housing of the animal(s) described below ("Animal") which I own but which am unable to care for as a result of Hurricane Katrina. The Society has agreed to act as an intermediary for this purpose, and, if successful, to provide me with the name and address of one or more persons willing to act as a Foster Person to provide temporary housing and care to the Animal during the period in which I am unable to do so. I authorize the Society and its employees and agents to provide my name to persons who have volunteered to act as a Foster Person and to provide such persons with the location at which I may be reached.

I understand and acknowledge that the Society has not investigated and will not investigate the persons who have volunteered to serve as a Foster Person or the ability of such persons to house and care for animals. I further understand and agree that: (1) all arrangements for the transfer of the Animal to a Foster Person and for the return of the Animal to me, and all costs and expenses of transferring and maintaining the Animal, including, but not limited to, any veterinary care which the Animal may at any time need, shall be determined by agreement between the Foster Person and me; (2) the Society assumes no responsibility or liability, of any kind, for providing, or for the payment of, any costs or expenses of the care of the Animal, including, but not limited to veterinary care and (3) the sole obligation which the Society has undertaken with respect to my Animal is to attempt to find temporary housing and care for the Animal by providing my name, location and a description of the Animal to one or more persons who have volunteered to act as a Foster Person and to provide the name and address of one or more such volunteers to me. In exchange for the Society's acting in such capacity and in promoting the temporary housing and care of my Animal, for myself, my heirs, personal representatives and all others who may claim through or by virtue of me ("Releasing Parties"), I hereby waive, release, relinquish and discharge the Society, its officers, employees, directors, agents and servants ("Released Parties") of and from, and to hold the Released Parties, and each of them, harmless from and indemnify the Released Parties, and each of them, against, any and all claims, demands, lawsuits, damages, actions, liabilities and costs and expenses of any and every kind, including, but not limited to, the reasonable fees of the Society's attorneys (collectively, "Claims"), which, in any manner, arise from, grow out of or result from, or which may be claimed to arise from, grow out of or result from the Society's acting as an intermediary for the purposes and in the manner described herein. Without limiting the generality of the foregoing, the releases contained herein include, but are not limited to, releases of all Claims arising or resulting from, or claimed to arise or result from, the exchange of the names of the Foster Person and the undersigned, for the care which the Animal receives from the Foster Person and for any failure of a Foster Person to return the Animals upon request by me or by the Society.

I understand that public relations are an important part of the Society. I therefore agree for myself, my heirs and personal representatives to permit the Society to take and use, as the Society sees fit, any photographs taken of me or my animal(s) for public relations purposes.

**I ACKNOWLEDGE AND AGREE THAT I HAVE READ AND FULLY UNDERSTAND THE TERMS OF THE ABOVE AGREEMENT, AND THAT I HAVE HAD THE OPPORTUNITY TO ASK ANY QUESTIONS WHICH I WISHED TO ASK**

**AND THAT ANY QUESTIONS WHICH I ASKED WERE ANSWERED TO MY SATISFACTION.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address or location

\_\_\_\_\_

\_\_\_\_\_  
Telephone Number

Animal: Dog/Cat/Other (Specify):\_\_\_\_\_

Number (If more than one:)