

Concerned Citizens Animal Rescue, Inc. A 501(3)(c) Nonprofit https://concernedcitizensanimalrescue.org/ info@concernedcitizensanimalrescue.org (213) 797-0364

Relinquishment Form

Name of dog	j:			
Age:	Sex:	Breed:	 _Weight:	
Veterinarian	Name/Phone: ₋		_	
Most Recent	Vaccinations:			
Date	Description			
Please expla	in medical histo	ory of this animal:		

Concerned Citizens Animal Rescue is helping to rehome my pet
Therefore, I relinquish her/him to Concerned Citizens Animal Rescue, and I agree to hold Concerned Citizens Animal Rescue harmless from any claim or action at law or equity as a result of this assistance.
Further, I understand and agree that sole ownership is vested to Concerned Citizens Animal Rescue.
AGREED TO AND ACCEPTED BY:
Signature
Name Date

Please initial below:

Indemnity Waiver, Release of Liability and Assumption of Risk

I hereby agree that I will assume full responsibility for personal injury, property damage suffered and/or death sustained in connection with this animal.

I agree, for purposes of this agreement, to release all employees, agents and/or volunteers collectively from and against all liability, claims, demands, damages to my person or property suffered and/or sustained as a direct and/or indirect result of my participation as a volunteer.

In connection with my participation as a volunteer, I further agree that I will not make any claim against, sue, attach the property of, and/or prosecute CCAR for any personal injury, property damage, death, and/or whatever the cause of the event that gave rise to a claim.

I further understand that the behavior of domestic animals is unpredictable and that domestic animals are capable of spreading disease, inflicting serious personal injury, causing extensive property damage, and/or causing death. Knowing the risk of handling domestic animals, nevertheless, I hereby agree to ASSUME THOSE RISKS and to release indemnity and hold harmless CCAR, who might otherwise be liable to me (or my heirs or assigns), for damages.

It is understood and agreed that this Indemnity Waiver/Release of Liability and Assumption of Risk form is intended to be binding on my heirs, distributes, guardians, legal representatives, and/ or assigns.

I HAVE READ THIS AGREEMENT CAREFULLY AND FULLY. I AM AWARE THAT THIS IS AN INDEMNITY WAIVER/RELEASE OF LIABILITY AND ASSUMPTION OF RISK FORM AND IS A BINDING CONTRACT BETWEEN CCAR AND MYSELF. I SIGN IT OF MY OWN FREE WILL.

Adopter Signature	
Adopter Name	Date