

# Foster Application

## Parrot Sanctuary Canada

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ P.Code: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_ # people in your family: \_\_\_\_ children's ages: \_\_\_\_\_

Please explain why you would like to foster a bird (You must be at least 18 years old): \_\_\_\_\_

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Type of bird desired: \_\_\_\_\_

Have you had a bird before? \_\_\_\_ Current birds (name & species): \_\_\_\_\_

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Their main diet: \_\_\_\_\_ Avian vet / # \_\_\_\_\_

Bird(s)' play & exercise schedule: \_\_\_\_\_

What other pets are in your home? \_\_\_\_\_

General bird experience: a lot: \_\_\_\_ some: \_\_\_\_ none: \_\_\_\_ Have you dealt with a sick bird before? \_\_\_\_\_

Please outline any relevant experience: \_\_\_\_\_

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Have you fostered or volunteered before? (Please detail) \_\_\_\_\_

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Do you agree to take your foster bird to Links Road Animal Hospital if required? \_\_\_\_\_

Where did you hear about Parrot Sanctuary: \_\_\_\_\_

Please list 3 references (No relatives please).

Name: \_\_\_\_\_ phone: \_\_\_\_\_ email: \_\_\_\_\_

Name: \_\_\_\_\_ phone: \_\_\_\_\_ email: \_\_\_\_\_

Name: \_\_\_\_\_ phone: \_\_\_\_\_ email: \_\_\_\_\_

# parrotsanctuary.ca

Thank you for taking the time to fill out our Foster Application. The birds in the sanctuary are very important to us and our first priority is to make sure they are healthy and happy. The Parrot Sanctuary looks forward to your joining our team. As soon as your application is approved we will contact you.

## **I understand that a foster bird can be removed with 24 hours notice, by a Parrot Sanctuary director, to be placed into a permanent adoptive home, or for any other reason.**

I authorize Parrot Sanctuary to confer with my avian vet regarding the health and care of my current bird(s).

I voluntarily and knowingly execute this RELEASE, WAIVER AND INDEMNITY AGREEMENT with the express intention of divesting Parrot Sanctuary Canada's liabilities and obligations as described below. I fully and forever release, waive, discharge and indemnify Parrot Sanctuary Canada, and all directors, volunteers and medical personnel from any and all losses, damages, injuries, claims, demands, lawsuits, otherwise, directly or indirectly associated with Parrot Sanctuary Canada while attending or participating in events or on Parrot Sanctuary Canada's premises.

I hereby release Parrot Sanctuary Canada from all claims, known or unknown that have arisen or may arise as a volunteer in any and all forms. Those activities include, but are not limited to, the following:

- Community Service
- All other Activities
- Fundraising Activities
- Industry Service
- Education Programs
- Social Gatherings
- Foster Care Home Program
- Transportation of Birds

In exchange for granting this RELEASE, WAIVER AND INDEMNITY AGREEMENT, I acknowledge that I am being provided with ongoing support.

In executing this RELEASE, WAIVER AND INDEMNITY AGREEMENT, this document additionally binds his or her spouse, heirs, legal representatives, assigns and anyone else claiming under him or her. The signatory has not assigned any claim covered by this release, waiver and indemnity to any other party. The signatory also intends that this release apply to the heirs, personal representatives, assigns, insurers and successor.

I have read this Release and Waiver of all liability assumption of risk and Indemnity Agreement carefully and fully understand its content, and voluntarily agree to its terms. I acknowledge that in signing this Release and Waiver of all liability assumption of risk and Indemnity Agreement, I am waiving certain legal rights, including the right to sue.

This RELEASE, WAIVER AND INDEMNITY AGREEMENT executed on \_\_\_\_\_ in the city/town of \_\_\_\_\_, Ontario.

\_\_\_\_\_  
RELEASEOR - PRINT YOUR NAME

\_\_\_\_\_  
Signature

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
City / Province / PCode

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Parrot Sanctuary Canada  
RELEASEE

\_\_\_\_\_  
Marie-Elisabeth Gagnon  
Per Parrot Sanctuary Canada

### WITNESS:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Phone: \_\_\_\_\_