

**GREYHOUND  
ACTION LEAGUE**



214 Dean Road, Depew NY 14043  
716-867-9822  
www.greyhoundactionleague.com

**Foster Home RELEASE**

This release is signed the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
(Date) (Month) (Year)

By (Foster Family) \_\_\_\_\_ whose address is

---

Street

City

State

Zip

*(Hereinafter referred to as "Releaser") to Greyhound Action League of Buffalo, Inc. releasee (hereinafter Referred to as GALs).*

This releaser, with full legal capacity, in consideration of being permitted as a volunteer worker to receive, handle, maintain, transport and foster greyhounds and perform other such volunteer duties as may be required for the operation of the program, does for itself, it's heirs, successors, representatives, insurers and assigns, hereby and forever agrees to release and hold harmless GALs, it's successors, representatives, volunteers, Board of Directors, insurers and assigns of and from any and every claim, demand, action or right of action, of whatever kind of nature, either in law or in equity, arising from or by reason of any bodily injury or personal injuries known or unknown, death or property damage resulting or to result from any accident which may occur as a result of the releaser's participation as a volunteer in GAL's Volunteer Program, whether by negligence or for any other reason.

Releaser acknowledges the hazards of GAL Volunteer Activities and the Foster Care Program and assumes full responsibility for its actions when working with the program which includes, but is not limited to pre-exposure to worms, rabies and tetanus inoculations.

This release contains the entire agreement among the parties hereto and the terms of this release are contractual and fully binding on the parties hereto.

Releaser further states that it has carefully read this release and knows and understands the content thereof and signs this release voluntarily and without duress.

In witness thereof releaser has executed this release on the day and year first written.

Signature of Foster Home: \_\_\_\_\_ Date: \_\_\_\_\_

**GREYHOUND  
ACTION LEAGUE**



**OF BUFFALO**

214 Dean Road, Depew NY 14043

716-867-9822

www.greyhoundactionleague.com

**FOSTER Application**

As a "Foster Parent" you will be taking the Greyhounds through their first step towards a happy retirement using techniques you have learned from the GAL Foster Seminar. This is a very rewarding experience, but you must remember that it is not always an easy one. Completion of this application / release is required in order to participate in GAL's Foster Program. **COMPLETED Seminar On:** \_\_\_\_\_

NAME: \_\_\_\_\_ Phone(s): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_ Occupation: \_\_\_\_\_

How many people live in your home? \_\_\_\_\_ Children's Ages?  
\_\_\_\_\_

Please list all pets in your household, and indicate if they are spayed/neutered: \_\_\_\_\_

---

How long would the foster dog be home alone / day? \_\_\_\_\_

Check all that apply to your residence:  Rent  Own  Fenced Yard  Single Family  Multi-Family

Other comments: \_\_\_\_\_

If you rent or lease your home, or belong to an Association, you are obligated to provide written permission from the landlord and/or Association.

Name (Landlord/Association) & Phone: \_\_\_\_\_

Check all that apply to your experience:  Medical  Training  Nail Clipping  Ear Cleaning

Will you be able to transport the dog to the vet? \_\_\_\_\_ Have you worked with problem dogs? \_\_\_\_\_

Other Experience / Comments: \_\_\_\_\_

---

I certify that I have answered all of the above questions to the best of my knowledge and ability. I understand the Foster Greyhound is the property of Greyhound Action League (GAL) of Buffalo, Inc. and shall be relinquished on request by a GAL representative for additional fostering, placement into a home, or if I am not able to adequately care for the greyhound.

Your Signature: \_\_\_\_\_ GAL Rep: \_\_\_\_\_