FERAL CAT CAREGIVER REGISTRATION

Primary Caregiver
Name
Division/Unit
Campus Telephone Number
Email Address

Support Caregiver
Name
Division/Unit
Campus Telephone Number
Email Address

FERAL CAT CAREGIVER AGREEMENT

I certify that:

1. I will assume responsibility and arrangements for feeding the cat(s) regularly throughout the year, including weekends, holidays, and vacations of the feral cat caregiver, and provide for a successor caretaker in the event that the original caretaker is no longer capable of fulfilling his or her caretaker responsibilities.

2. If there are young kittens or otherwise adoptable cats that require removal from the colony, I will be fully responsible for their care, veterinary expenses, and finding permanent homes.

3. I will make every attempt to remove sick or injured cats from the colony for immediate veterinary care or humane euthanasia, if deemed necessary.

4. It is understood that all cats under my care will be trapped and receive a spay/neuter surgery and that all related expenses will be my sole responsibility.

5. I will complete the Feral Cat Census Form each year.

6. I am responsible to know and comply with the policies set forth by Leeward Community College’s Animals on Campus Policy – L11.102.

7. I will use this program solely to benefit the cats identified on the annual Feral Cat Census Form and not to commit any unlawful acts.
ASSUMPTION OF RISK AND RELEASE

I am voluntarily participating in the Feral Cat Caregiver program (hereafter referred to as the “Program”) at Leeward Community College.

I agree that my participation in the Program is not part of my job duties and not within the course and scope of my employment and/or duties with Leeward Community College and/or with the University of Hawaii.

I understand that I need to review my personal circumstances to determine whether I am physically able to participate in the Program, and whether I have adequate resources or insurance to cover me in the case of injury to myself or to others as a result of my participation.

I understand that the University of Hawaii is not insuring, defending, or indemnifying me with respect to injuries or other liabilities that may arise out of my participation in this Program.

I acknowledge that feral cats are wild animals, can be unpredictable in their behavior and are capable of inflicting serious bodily injury or even death. I am willing to assume this risk in order to participate in the Program.

In consideration of being permitted to participate in the Program on University premises, I voluntarily assume full responsibility for any loss, property damage, or personal injury, including death that may be sustained as a result of my participation. I, for myself, my heirs, personal representatives, or assigns, do hereby release, waive, discharge, and covenant not to sue the University of Hawaii, its officers, employees, and agents from any and all claims resulting in property damage or personal injury or illness or death arising from my participation in the Program, the inherent risks in the Program, or growing out of or caused by my acts or omissions during my participation in the Program.

I agree that if any portion is held invalid, the remainder will continue in full legal force and effect.

I HAVE READ AND UNDERSTOOD THE FOREGOING WAIVER OF MY LEGAL RIGHTS. I ALSO HAD THE OPPORTUNITY TO, AND HAVE ASKED ANY AND ALL QUESTIONS THAT I HAD ABOUT THIS WAIVER BEFORE SIGNING IT AND WAIVING MY RIGHTS.

Note: To be signed by Primary Cat Caregiver and all Support Caregivers.

Signature(s): ______________________________________  Date: ______________

Print Name(s): ______________________________________