

**WORCESTER POLYTECHNIC INSTITUTE
ANIMAL ADOPTION RELEASE**

I HEREBY ACKNOWLEDGE and AGREE that there are inherent risks in adopting any animal. I have full knowledge of the nature and extent of all risks associated with _____, including, but not limited to:

1. animals are unpredictable and they may bite or otherwise injure me, my relatives, my guests or others causing bodily injury without warning anyone.
2. animal behavior is unpredictable and, besides injury to people, they may cause injury to other animals, as well as property damage.
3. animals are different from humans in their response to human actions.

I further acknowledge that the above list is not inclusive of all possible risks associated with this/these animal(s) and the above list in no way limits the extent or reach of this release. I also understand that Worcester Polytechnic Institute has not made any warranty, either expressed or implied, as to the behavior, fitness or health of the animal(s) I am adopting.

In consideration of our adopting the animal(s), I, the undersigned, agree to release and, on behalf of myself, my family members, my heirs, representatives, executors, administrators and assigns, do release and indemnify and agree to hold harmless Worcester Polytechnic Institute and its Department of Biomedical Engineering (hereinafter referred to as Releasees), their employees, officers, trustees and agents harmless from any cause of action, claim, suit, or demand of any nature whatsoever, including, but not limited to, claims of negligence, which I, my family members, my heirs, representatives, executors, administrators and assigns may now have, or may have in the future against the Releasees on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to this/these animal(s).

I hereby accept possession and title of the animal(s) identified as:

and agree that, from hereon as the owner of said animal(s), I alone am responsible for any property damage or bodily injury caused by the animal(s) I am adopting.

In accepting this/these animal(s) from Worcester Polytechnic Institute, I accept full legal, financial, and medical responsibility for the animal(s).

New Owner's Name:
Address 1:
Address 2:
City, State, & Zip:
Telephone Number:

Signature of New Owner: _____ Date: _____

Witness Signature: _____ Date: _____

APPROVALS (to be signed BEFORE release of animal(s) for adoption):

Principal Investigator

Chairman, WPI IACUC Committee

This form is to be accompanied by a signed USDA form no. 7020. Attach descriptions of any special requirements for animal care.