



VISITOR FORM

HUMANE SOCIETY OF NORTH IOWA

2700 South Birch Drive • Mason City, IA 50401
641-423-6241 • hsni@hsni.org

NAME: _____

If visiting as a family, please list children's full names: _____

Address: _____

City, State, Zip: _____

E-mail: _____ Phone: _____

In case of emergency, please notify: _____ Phone: _____

Which category do you fit in? Please check the appropriate box:

_____ Under the age of 16: can visit with a parent/guardian (must sign below) or an adult over the age of 18.

_____ Ages 16 and 17: can visit unsupervised with parental consent and signature.

_____ Over the age of 18: can visit with no restrictions; sign form below.

As a visitor to the Humane Society of North Iowa, I acknowledge and understand that interacting with animals may subject me to animal misbehavior such as biting, scratching, or other injury to me. As a visitor, I agree to assume these risks. Also, I agree to be responsible for any rabies, tetanus, or other diseases or maladies which may arise from my visiting with the animals at the Humane Society of North Iowa. I further understand that any medical care, vaccinations or treatments would be at my own expense. I hereby waive any and all claims against, and agree to hold harmless, the Humane Society of North Iowa, its Board of Directors, officers, agents, and employees, for any and all liability associated with my visit to the Humane Society of North Iowa.

I have reviewed and understand the terms of this Waiver. I have been afforded the opportunity to ask any questions, and my questions have been answered to my full satisfaction. I sign this waiver voluntarily and with full knowledge of its contents for myself and on behalf of any minors I am supervising.

Signature of Visitor

Date

Signature of Parent or Guardian (for visitors under the age of 18)

Date