

## **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: Phon	ne:
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 consen	at and signature.
Over the age of 18: can visit with no restrictions; sign form 1	below.
As a visitor to the Humane Society of North Iowa, I acknowledge may subject me to animal misbehavior such as biting, scratching, assume these risks. Also, I agree to be responsible for any rabies, may arise from my visiting with the animals at the Humane Societ any medical care, vaccinations or treatments would be at my own against, and agree to hold harmless, the Humane Society of North and employees, for any and all liability associated with my visit to	or other injury to me. As a visitor, I agree to tetanus, or other diseases or maladies which ty of North Iowa. I further understand that a expense. I hereby waive any and all claims a Iowa, its Board of Directors, officers, agents,
I have been provided with information and instruction (verbal, wr safely interact and handle animals while visiting the Humane Soc protocols and rules as outlined in the information and instructions	iety of North Iowa. I agree to abide by the
I have reviewed and understand the terms of this Waiver. I have be questions, and my questions have been answered to my full satis with full knowledge of its contents for myself and on behalf of an	faction. I sign this waiver voluntarily and
Signature of Visitor	Date
Signature of Parent or Guardian (for visitors under the age of 18)	Date