

Open Your Heart to Rescue!



Mid-Atlantic English
Springer Spaniel Rescue, Inc.
Transport Release
<http://www.maessr.org>
springerrescue@yahoo.com
301/362-0423
741 Fallen Timber Rd
Elizabeth, PA 15037

Date: _____

Mid-Atlantic English Springer Spaniel Rescue, Inc. (MAESSR) (Owner/Caretaker) of the English Springer Spaniel(s) being transported do hereby grant handling/transporting privileges, on the terms and conditions provided herein, for the Springers to:

(Handler/Transporter)

Address, Phone

Handling privileges include transporting the Springer to a foster home, kennel, vet, adoptive home, and/or from obedience classes and training activities, working and handling the Springer in public and private areas, and providing necessary care to ensure the Springer's safety.

In consideration of Handler's/Transporter's acceptance of such handling privileges and such other good and valuable consideration, Handler/Transporter represents and warrants that he/she is fully aware of the risks that English Springer Spaniels may pose and have elected to interact with the Springers voluntarily. Handler/Transporter knowingly assumes all risks that exposure to the Springers may pose, including but not limited to serious bodily injury and/or death. Handler/Transporter waives, releases, discharges, holds harmless, and agrees to indemnify Owner/Caretaker and MAESSR (and its directors, officers, volunteers, staff, and all other agents, attorneys, and any other parties acting for, or on their behalf) from any and all rights and claims which Handler/Transporter may have or which may hereafter accrue to Handler/Transporter and from any and all damages which may be sustained by Handler/Transporter or any other party directly or indirectly in connection with, or arising out of, Handler's/Transporter's handling of the Springers hereunder.

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed this ____ day of _____, 20__ . If a MAESSR representative is not available, Handler/Transporter is to have the following signed before a witness who does not reside at the same address.

Handler/Transporter Signature: _____

Witness: _____ Print Name: _____

Address: _____

**Signed Releases should be mailed to:
Linda Johnston, 741 Fallen Timber Road, Elizabeth, PA 15037**