

PLEASE PRINT CLEARLY

Foster Closet Inc.	
Foster Parent Registration	
Date:	Provider ID#:
Certifier Name:	

Your Name:	_____
Address:	_____
City & Zip:	_____
Email:	_____
Home Phone:	_____
Cell Phone:	_____
Type of Certification: (Please check one)	Certified FP <input type="checkbox"/>
	Relative Caregiver <input type="checkbox"/>
	Pre-Adoptive <input type="checkbox"/>
<p>Hold Harmless. All goods and services provided by the Foster Closet, Inc., are made available through the generosity of our community by donations of clothing, goods, cash, and services. Most items received are "used" and are inspected by the Foster Closet volunteers for visible defects or excessive wear and tear. All reasonable efforts are made to ensure that the items provided to you by the Foster Closet, Inc., are in usable condition but we cannot guarantee their usefulness or safety. By signing this form, you voluntarily agree to assume all liability for any risk of injury, death, loss, property damage to personal property owned by you or others, any claims, demands, costs or judgments resulting from the item or use of items provided to you free of charge by the Foster Closet, Inc. You also agree to indemnify and hold harmless the Foster Closet, Inc., and all related organizations, volunteers, employees, agents, Directors, and Officers, and hold the same harmless from and against any and all injury, loss, liability, damage, penalty, cost or expense of any kind (including but not limited to court costs and attorney fees) which may be incurred as a result of any items provided to you by the Foster Closet, Inc.</p>	
Date:	Sign Here

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