



WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

PARTICIPANT'S NAME: _____

DOG NAME _____ AGE _____ BREED _____

E-Mail: _____

CELL PHONE/HOME PHONE: _____

Participant is fully aware of the unusual risks involved and hazards connected with the one or more activities checked below ("Activities"). Participant elects to voluntarily participate in the Activities with full knowledge that said Activities may be hazardous to Participant and Participant's property. Despite the inherent risks involved, in consideration for participating in the Activities, Participant hereby agrees to indemnify and hold Anything's PAWSable, Debi Buchholz, and/or her assistants ("Anything's PAWSable"), harmless from any claim for loss or injury, including death, caused directly, or indirectly to any person, dog or other property by any act of one or more dogs or persons at any time preceding, during, or following the Activities. Participant personally assumes all responsibility and liability for any such claims. Participant further agrees to hold Anything's PAWSable, Debi Buchholz harmless from any claims of loss to any dog involved in the Activities, including without limitation, by disappearance, theft, death or injury to be caused or alleged to be caused by the negligence of Anything's PAWSable, or by the negligence of any other person or any other cause or causes. Participant hereby assumes the sole responsibility for, and agrees to indemnify and save, Anything's PAWSable harmless from any and all loss and expenses, including court costs and legal fees, by reason of the liability imposed by law for any such damage and expenses.

I have read, understand, and agree to the WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT, on my behalf, on behalf of a minor child (see box below).

PARTICIPANT'S SIGNATURE _____ DATE _____

ACTIVITIES (CHECK ALL THAT APPLY):

Puppy Start Right Puppy Kindergarten Family Dog Manners Canine Good Citizen
 AKC Testing Agility (assorted) Obedience Skillbuilding Rally-Obedience
 Conformation AKC Trick Dog Obedience (other) Independent Practice
 Behavior Consult. Private Lesson In-Home Consultation Other

If Participant is under the age of 18, Parent/Guardian expressly consents to their child's participation in the Activities with knowledge of the inherent risks associated with those Activities, and further consents to any reasonable and necessary medical treatment and agrees to be responsible for any cost of such treatment.

Parent/Guardian Signature

Date