

RELEASE OF CLAIMS FOR ACCIDENTAL INJURY

I, _____ hereby certify that I am aware of the inherent dangers of handling dogs in settings with people and with other dogs, and I recognize the importance of following safety rules in all situations.

I understand that it is not the purpose of Therapy Dogs Inc. (TDInc.) to teach me safety rules, and it is not the function of the Corporation or its agents to serve as guardians of my safety or as guarantors of my responsibilities or liabilities. In that regard, I understand and guarantee that while I am participating in the TDInc. test and any subsequent visits which are required prior to being granted membership, I am solely responsible for any incident which might occur and therefore absolve TDInc. from any liability.

Further, I understand and guarantee that while I am a participating as TDInc. member, I am solely responsible for any incident which might occur and therefore absolve TDInc. officers, directors, members, agents or employees from any liability. I also understand and agree that TDInc. may not be held liable in any way for any occurrence in connection with said activities which may result in injury, death or damages to me, my dog, or my family.

In consideration of being given the opportunity to apply for membership in TDInc., I am willing to assume all risks in the activities described above and release the persons and entities cited above if an injury or damage befalls me, whether foreseen or unforeseen, during the performance of these activities, and furthermore save and hold harmless TDInc. and persons from any claim by me or my family or any other party arising out of my participation in this activity.

I further state that I am of lawful age and legally competent to sign this affirmation and release, or that my guardian has executed this Release along with me. I understand these terms are contractual and I have signed this document as my own free act and deed and without fraud, force or undue influence.

I have read the contents of this document, am fully informed of its contents and affirm that I understand its contents. In addition, I assume my own responsibility for my physical fitness in regard to my ability to perform the functions required for this activity.

In witness whereof, I have executed this affirmation and release on

Date

Have you ever been convicted of a felony? Yes _____ No _____

If yes, **membership process will cease** pending a background check

Prospective Member

Witness: Tester/Observer

Signature

Signature

Print

Print

Signature of Parent or Guardian (If applicable)

Address

City State Zip code

**Prospective member along with Tester/Observer must sign this document.
For each handler/dog team please return ORIGINAL signed document along with ORIGINAL test and Member Application to the office of Therapy Dogs Inc. within six months.**