



## WALKS AND WAGS, INC.

### LIABILITY AGREEMENT FOR SWIMMING ACCESS

Please initial each line to indicate you have read and understood the information provided.

#### Health and Behavior Certification

\_\_\_\_\_ I understand and agree that in admitting my dog to Walks and Wags, Inc., the facility has relied on my representation that:

My dog is in good health (free from injury and illness)

My dog has not harmed or shown aggressive or threatening behavior towards any person or other dog

I will inform Walks and Wags, Inc. of any injury, illness, or other condition

\_\_\_\_\_ I certify that I have completed the required application for my dog, including:

Proof of current vaccinations

Recent negative fecal test result

#### Supervision and Facility Use

\_\_\_\_\_ For public swimming sessions (non-Enrichment Daycare Membership), I acknowledge that:

I am responsible for supervising my dog at all times

I must follow all safety instructions provided by Walks and Wags, Inc. staff

Water shoes must be worn by all humans inside the pool building

\_\_\_\_\_ I understand and agree that the staff of Walks and Wags, Inc. is not engaged in the practice of veterinary medicine.

#### Liability and Responsibility

\_\_\_\_\_ I understand and agree that Walks and Wags, Inc., its staff, and volunteers:

Will not be liable for any problems arising from facility use

Are hereby released from liability of any kind regarding my dog's attendance and participation

\_\_\_\_\_ I understand that I am solely responsible for any harm caused by my dog(s), including:

Harm to persons and/or other dogs

Damage to the physical property of Walks and Wags, Inc.

#### Treatment and Medical Care

\_\_\_\_\_ I understand and agree that:

Any problems with my dog will be treated as deemed best by staff and volunteers

I assume full financial responsibility for any expenses involved

\_\_\_\_\_ I understand that:

Walks and Wags, Inc. does not provide veterinary treatment

If my dog requires treatment or causes injury requiring treatment to another dog, I accept full financial responsibility

#### Scheduling and Emergency Care

\_\_\_\_\_ I understand that I am responsible for paying 50% of the cost of a scheduled appointment if I cancel with less than 24-hour notice.

\_\_\_\_\_ In the event of a medical emergency:

I authorize Walks and Wags, Inc. to seek veterinary care if they cannot contact me promptly

Walks and Wags, Inc. will not be liable for any veterinarian bills

#### Inherent Risks and Release

\_\_\_\_\_ I understand and agree that:

There are inherent risks associated with facility use (swimming, wet floors, exercise mats, agility equipment, other dogs)

I release Walks and Wags, Inc. from liability arising from such use

I waive any and all claims which may arise from permissive use of the facilities

#### Certification

I certify that I have read and understand this Agreement and that the information set forth above is true and correct. I agree to accept all terms, conditions, and statements of this agreement and any rules or regulations of Walks and Wags.

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Accepted By: \_\_\_\_\_ Date: \_\_\_\_\_ Walks and Wags, Inc.