

**RELEASE OF CLAIMS FOR ACCIDENTAL INJURY
FOR EACH PROSPECTIVE MEMBER UNDER TEST & OBSERVATION**

I, _____, hereby certify that I am cognizant of all the inherent dangers of handling and showing dogs (mine and others), and of the basic safety rules for activities connected therewith.

I understand that it is not the sole purpose of Therapy Dogs Incorporated to teach safety rules, nor is it the function of the corporation or its agents to serve as the guardians of my safety, or guarantors of my responsibilities or liabilities. And, in that regard, I understand and guarantee that while I am participating in my three (3) visits prior to membership, I am responsible for any incident that might occur, and absolve Therapy Dogs Incorporated from any liability, therefore.

I also understand and agree that neither Therapy Dogs Incorporated, or its officers, directors, members, agents, or employees, may be held liable in any way for any occurrence in connection with said activities which may result in injury, death, or damages to myself or family.

In consideration of being allowed to apply for membership in this Corporation, I hereby personally assume all risks in the above-described activities, and I further release the above-mentioned persons and entities relative to any injury or damage which may befall me while I am so engaged, including all risks connected therewith, whether foreseen or unforeseen; and further to save and hold harmless the named corporation 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, and in that capacity; that I understand the terms herein are contractual and not a mere recital; and that I have signed this document as my own free act and deed, and without fraud, force or undue influence.

I have fully informed myself of the contents of this affirmation and release by reading it before I signed it. I assume my own responsibility of physical fitness and capability to perform under the normal requirements of this activity.

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

Date

Witness: Tester/Observer

Signature

Print

Prospective member/releaser:

Signature

Print

Signature of Parent or Guardian
(If applicable)

Address

City State Zip code

Prospective member along with Tester/Observer must sign this document. Please return ORIGINAL document along with ORIGINAL test to the offices of Therapy Dogs Incorporated within six months.

Revised July 2003