

## **PATRICE LEIPHAM, ROTTS OF RUV, WAIVER AND RELEASE OF LIABILITY FORM**

**I HEREBY ASSUME ALL OF THE RISK OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH PATRICE LEIPHAM, ROTTS OF RUV**, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by her, or because of her possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity.

I agree to abide by all training class policies (including policies regarding refunds) and to police the premises of Hungry Like the Woof, Inc., where I walk my dog(s) and clean up any waste left by my dog.

I acknowledge that this **Accident Waiver and Release of Liability Form** will be used by Patrice Leipham, Rotts of Ruv, her representatives and guests of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

I acknowledge that every precaution has been or will be taken by Patrice Leipham, Rotts of Ruv, to safeguard the health and safety of my dog(s) and that my dog(s) is/are being trained at my own risk.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

- (A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, or actions of any kind which may hereafter occur to me, members of my family or guests and/or my dog(s) THE FOLLOWING ENTITIES OR PERSONS: Patrice Leipham, Rotts of Ruv;
  
- (B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that Patrice Leipham, Rotts of Ruv, is NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that this activity may carry with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by facilities, condition of equipment and actions of other people including, but not limited to, participants, volunteers, etc.

The **Accident Waiver and Release of Liability Form** shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. Patrice Leipham, Rotts of Ruv, has put in place preventative measures to reduce the spread of COVID-19; however, she cannot guarantee that you will not become infected with COVID-19.

Further, participating in activities while on the premises of Hungry Like the Woof, Inc., could increase your risk of contracting COVID-19. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by participating in activities while on the premises of Hungry Like the Woof, Inc., and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the premises of Hungry Like the Woof, Inc., may result from the actions, omissions, or negligence of myself and others, including, but not limited to employees of Hungry Like the Woof, Inc, Singing Stones Animal Wellness Centre, and Carol A. Lundquist, DVM, P.C., volunteers, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to me (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my participation in activities with Patrice Leipham, Rotts of Ruv, at Hungry Like the Woof, Inc. ("Claims").

On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless, Patrice Leipham, Rotts of Ruv, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Patrice Leipham, Rotts of Ruv, whether a COVID-19 infection occurs before, during, or after participation in any activity.

**I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN OF MY OWN FREE WILL.**

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Participant's Name (Please Print)	Date	Participant's Signature	Age
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Parent/Guardian Signature	Date (If under 18 years old, Parent or Guardian must also sign.)
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Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_

**PLEASE COMPLETE FOR EACH DOG**

**Dog #1 Information:**

Call Name \_\_\_\_\_ Breed \_\_\_\_\_

Sex: M F Age \_\_\_\_\_ Neutered: Yes No

Additional Information:

**Dog #2 Information:**

Call Name \_\_\_\_\_

Breed \_\_\_\_\_

Sex:    M    F                      Age \_\_\_\_\_

Neutered:    Yes    No

Additional Information:

**Dog #3 Information:**

Call Name \_\_\_\_\_

Breed \_\_\_\_\_

Sex:    M    F                      Age \_\_\_\_\_

Neutered:    Yes    No

Additional Information:

**You must include proof of current rabies certificate for each dog listed.**