



Lone Tree Veterinary Medical Center

8681 E. Lincoln Avenue • Lone Tree, Colorado 80124

303-708-8050

CANINE ACADEMY

Participation Agreement

Dog's Name _____ Breed _____
Please Print

Owner's Name _____
Please Print

Street Address _____

City _____ Zip _____

Phone # _____ Alternative Phone # _____

I understand that by participating in an obedience training program, dogs and owners will come in contact with other dogs and people, both inside and outside of the training room, and that the training may involve activities that are conducted outdoors. I understand that there are risks to me and my pet associated with participation in an obedience training program (hereinafter, collectively, "activities"), and the activities entail known and unanticipated risks that could result in physical and emotional injuries, death, damage to persons and/or pets, participants, property and third-parties. I understand that the activities involve certain inherent risks, such as accidents, physical injuries, sickness, disability, paralysis, mechanical failures, death, and other risks not specified herein. I further understand that such risks cannot be eliminated without jeopardizing the essential qualities of said activities. "Activities" shall be defined to include receipt and use of materials and products, including but not limited to flirt poles, received from Lone Tree Veterinary Medical Center. With that knowledge, I hereby accept the risks that accompany participation in the activities.

I EXPRESSLY AGREE AND PROMISE TO ACCEPT AND ASSUME ALL RISKS RELATED IN ANY WAY TO THE ACTIVITIES. MY PARTICIPATION IN THE ACTIVITIES IS PURELY VOLUNTARY, AND I ELECT TO PARTICIPATE IN THE ACTIVITIES IN SPITE OF THE RISKS. I AGREE THAT THIS AGREEMENT IS BINDING AND EFFECTIVE AS TO MY CHILDREN, AND MY PERSONAL REPRESENTATIVES, ESTATE, ASSIGNS, HEIRS, AND NEXT OF KIN, AND THAT IT APPLIES TO ANY AND ALL LOSS OR DAMAGE INCLUDING, BUT NOT LIMITED TO INJURY, DISABILITY OR DEATH.

In consideration of participation in the activities, I, for myself and on behalf of my spouse, children, heirs, personal representatives, successors and assigns, hereby release, forever discharge, and agree to indemnify and hold harmless Lone Tree Veterinary Medical Center, and its officers, employees, directors, managers, staff, insurers, re-insurers, shareholders, subcontractors, agents, owners, and members (hereinafter, collectively, "Released Parties"), from any and all damages, judgments, claims, litigation costs, actions, causes of action, liabilities, demands, agreements, and expenses, which are in any way related to me and my pet's participation in the, INCLUDING BUT NOT LIMITED TO CLAIMS, DEMANDS, AND/OR CAUSES OF ACTION WHICH ALLEGE NEGLIGENT ACTS OR OMISSIONS OF THE RELEASED PARTIES.

In consideration of participation in the activities, I hereby further agree to waive any and all present and future claims against the Released Parties, which are in any way related to my participation in the activities, INCLUDING BUT NOT LIMITED TO CLAIMS, DEMANDS, AND/OR CAUSES OF ACTION WHICH ALLEGE NEGLIGENT ACTS OR OMISSIONS OF THE RELEASED PARTIES.

I understand that by signing this Agreement I am giving up substantial rights I would otherwise have to recover damages for losses and I agree that I am doing so voluntarily and without inducement, threat, or duress. I agree I had the opportunity to seek legal advice before signing this release and have either done so, or have voluntarily elected not to and waive this opportunity. In the event that any term or condition of this Agreement shall be deemed unenforceable or void by any court of competent jurisdiction, the remaining terms and conditions shall remain enforceable to the fullest extent of the law.

I ACKNOWLEDGE AND AGREE THAT IF ANYONE IS HURT, OR IF PROPERTY IS DAMAGED, DURING MY AND MY PET'S PARTICIPATION IN THE ACTIVITIES, I MAY BE FOUND BY A COURT OF LAW TO HAVE WAIVED MY RIGHT TO FILE AND/OR MAINTAIN A LAWSUIT AGAINST THE RELEASE PARTIES.

Owner's Signature _____ Date _____