



Liability Waiver and Release Agreement

Event Name: Paws for Purpose | Walk for Therapy Dogs

Event Date: [Insert Date]

Event Location: [Insert Location]

Acknowledgment of Risk

I, the undersigned attendee ("Attendee"), hereby acknowledge and agree that participation in the "Paws for Purpose" event involves certain risks, including but not limited to:

1. Interaction with animals, which may result in injury, illness, or property damage.
2. Walking or running on outdoor trails, which may include uneven terrain, obstacles, or other environmental hazards.
3. Participation in activities involving physical exertion.

I voluntarily assume full responsibility for any risks, injuries, or damage that I may sustain because of my participation in the event.

Release of Liability

In consideration of being allowed to participate in the "Paws for Purpose" event, I hereby release, waive, and discharge Canine Concierge Corporation, its officers, directors, employees, volunteers, sponsors, vendors, and agents (collectively, "Releasees") from any and all liability, claims, demands, actions, or causes of action arising out of or related to any loss, damage, or injury, including death, that may be sustained by me or my property during the event, whether caused by the negligence of the Releasees or otherwise.

Indemnification

I agree to indemnify and hold harmless the Releasees from any loss, liability, damage, or costs they may incur due to my participation in the event, including but not limited to attorney's fees.

Photography and Media Release

I grant permission to Canine Concierge Corporation to use any photographs, videos, or other media taken during the event for promotional or educational purposes without compensation. I understand that these materials may be used in print, online, or in other formats.

Health and Safety Certification

I certify that:

1. I am in good physical health and capable of participating in the event.
 2. My dog(s), if accompanying me, is/are healthy, up-to-date on vaccinations, and well-behaved.
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Minors

If I am signing this waiver on behalf of a minor under my care, I certify that I am the parent or legal guardian of the minor and accept all terms and conditions on their behalf.

Agreement

By signing below, I acknowledge that I have read, understood, and agreed to the terms and conditions of this Liability Waiver and Release Agreement. I further certify that I am at least 18 years old and have the authority to sign this agreement.

Participant Name: _____

Signature: _____

Date: _____

Parent/Guardian Name (if applicable): _____

Parent/Guardian Signature: _____

Date: _____