



## Canine Aquatic Center, LLC

### Agreement, Indemnity, Release, & Waiver

I, the undersigned, warrant and certify that I am the owner or person responsible for the dog(s) brought to Canine Aquatic Center (hereafter referred to as the The Center, 6215 E. Florida St, Evansville, IN 47715) for canine aquatic therapy, weight loss and fitness, and other activities. I understand that the services offered by The Center are not intended as a substitute for veterinary care, and consultation with a veterinarian is recommended for any matters relating to the health of the dog. Further, I understand that individual sessions and corresponding outcomes are dependent upon the condition and age of the dog, the goals of the owner, the nature of the dog's injury (if applicable), and the dog's emotional and behavioral condition.

I understand, I am responsible for, and agree to provide Canine Aquatic Center staff with the latest medical information, including underlying medical conditions, medications, veterinarian name and contact information, and veterinarian recommendations and limitations for the dog(s) brought to The Center for any service offered. I agree that I am ultimately responsible for determining whether the services provided by The Center are appropriate for my dog(s). I further agree that I am responsible for any risk posed by undisclosed medical conditions.

I understand that by allowing my dog(s) to participate in the services offered by Canine Aquatic Center, LLC., I give my permission for Canine Aquatic Center, LLC. to take photographs, and/or videos, and to use the images or videos of my dog in printed matter, internet sites, or other promotional or advertising capacities. Photographs and videos are the property of Canine Aquatic Center, LLC.

I accept full responsibility for any injury or damage, to persons, property or animals arising out of use of the grounds, facility, and pool, and the actions and conduct of the undersigned and my dog(s). Accordingly, I agree to indemnify The Center and its owners, employees, independent contractors, and independent therapists, for monetary damages and attorney fees; and further waive all personal therapists for damage, injury, or death sustained by me, arising out of my participation in the activities and services of the The Center, or presence on or use of the premises where services are performed; and further waive subrogation claims of insurers. As a client of The Center, I understand that my dog(s) and any person I bring onto the property enter / swim / participate at their own risk.

It is my express intent that this Release and Hold Harmless Agreement shall also bind the members of my family and all respective heirs, executors, administrators, legal representatives, successors, and assigns, and shall be deemed as a RELEASE, WAIVER, DISCHARGE, AND COVENANT NOT TO SUE the above named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Indiana.

By signing below, I acknowledge that I have read and fully understand this **Agreement, Indemnity, Release, & Waiver**.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_