



The Fox Valley Therapy Dog Club

DOG/HANDLER INFORMATION & WAIVER OF LIABILITY

Name: _____ Spouse/Partner: _____

Dog #1 Name: _____ Breed: _____

Birth Date: _____ Sex: (circle) M F Spayed Castrated

Dog #2 Name: _____ Breed: _____

Birth Date: _____ Sex: (circle) M F Spayed Castrated

Address: _____ City _____ Zip Code _____

Home Phone: _____ Cell Phone: _____

Email for FVTDC Communication: _____

Waiver of Liability

I/we understand that attendance at therapy dog activities is not without risk to me, family members or guests who may attend, or to my dog, and that neither Fox Valley Therapy Dog Club nor the owner/proprietor of any facility hosting Club events assumes legal liability for my actions or the actions of my dog, other dogs, my family members or my guests in their participation in Club activities.

I/we indemnify, agree to defend and hold harmless the Fox Valley Therapy Dog Club, the owner/proprietor of each facility hosting a Club event, and anyone acting on their behalf from and against all claims, losses, liabilities, and damage to persons or property, governmental charges or fine, omissions, including but not limited to participation in Club functions and training, or during interactions with residents, patients, or others in facilities to which I/we take a dog, demonstrations involving a dog, or transportation of a dog, to from or within such facilities.

I/we hereby grant permission to members and officers of the Fox Valley Therapy Dog Club to photograph, video and audio tape my participation in Club events and during visits to facilities, and I consent to their use of my name, likeness, and voice for publicity and related promotional purposes.

I/we understand that in order to bring one of the above-listed dogs to a sanctioned Fox Valley Therapy Dog Club practice, a Membership Application must first be completed and membership dues must be paid in full.

Signature of this waiver is conclusive proof that I/we read and accepted the terms hereof and assume the risks involved.

Signature: _____ Date: _____