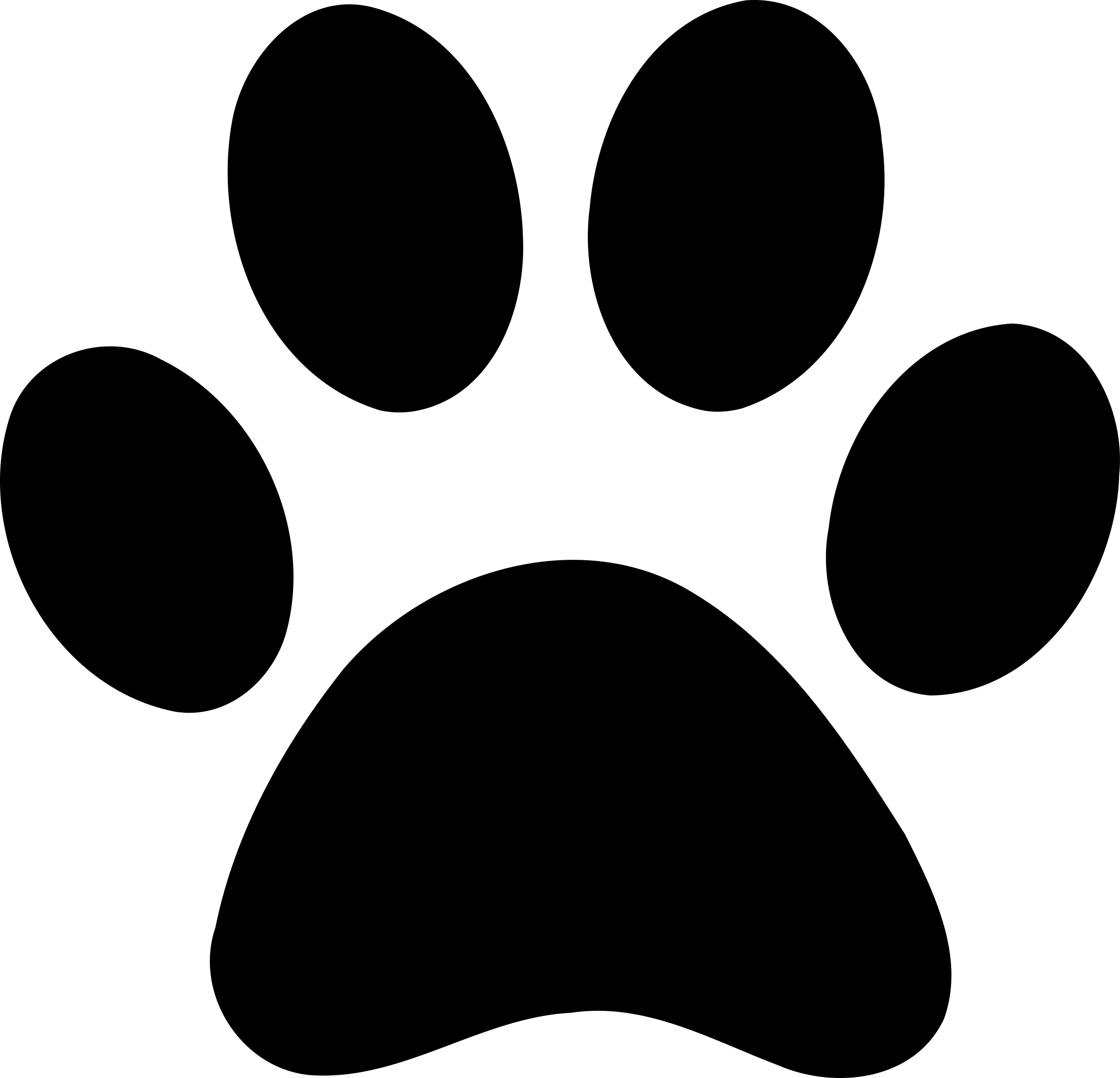
Pws In The Pool

Waiver & Consent Form

Dogs Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­

Contact Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rabies Vaccination Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please **initial** that you have read and understand each point. Your signature is also required at the bottom of this form.

1. I represent that I am the legal owner or agent for the owner of the dog described in the correlating application form. I have read the poster entitled ‘Paws in the Pool Rules” and am aware of its requirements. ­­­
2. I release *the Lethbridge & District Humane Society, the Westminster Neighbourhood Association, and the Westminster Outdoor Pool*, their staff, owners, representatives, and agents from any and all liability which I or my dog may suffer including but not limited to injury, sickness, damage of person or property, or death resulting from participation in the Paws in the Pool Fundraising Event.
3. I represent that my dog is in good health, is current on all required vaccinations (DHLPP, Rabies, Bordetella), is free of fleas, ticks, and lice, and as not been ill with any known contagious viruses in the last 30 days. I further agree and understand that proof of vaccine has been shown for every dog entered into the Paws in the Pool Fundraising Event; however this does not guarantee that illness/diseases may not be transmitted.
4. I understand that while my dog is fully vaccinated that vaccines are not 100% guaranteed and there is a small risk that my dog may contract a contagious disease or illness. I agree that should this occur I am responsible for my own pet’s care and medical attention.
5. I understand that although the dogs are being supervised that incidents of injuries may occur from playing with the other dogs, which include but is not limited to bites, scrapes, scratches, and sprains. I agree that I am solely responsible for any medical expenses acquired for my dog.
6. I understand that although the dogs are being supervised that incidents of injuries may occur from playing around the pool area, which include but is not limited to falls, scrapes, scratches, and sprains. I agree that I am solely responsible for any medical expenses acquired for my dog.
7. I represent that my dog is sociable and has not harmed or shown threatening behaviors towards any person or any other dog. I understand *the Lethbridge & District Humane Society, the Westminster Neighbourhood Association, and the Westminster Outdoor Pool*, reserves the right to remove my dog from the pool area should my dog display any unwanted behaviors.
8. I understand that *the Lethbridge & District Humane Society, the Westminster Neighbourhood Association, and the* *Westminster Outdoor Pool*, *reserves* the right to ask a handler and their dog to exit the premises at any time.
9. I release *The Lethbridge & District Humane Society, the Westminster Neighbourhood Association, and the Westminster Outdoor Pool,* from any liability should my dog injure another dog or person and accept medical and legal responsibility for my dog’s actions.
10. I release *The Lethbridge & District Humane Society, the Westminster Neighbourhood Association, and the Westminster Outdoor Pool,* from any liability should death of my dog occur for any reason while participating in the Paws in the Pool Fundraising Event.
11. I agree that my dog may be recorded on camera and its images may be used for *The Lethbridge & District Humane Society, the Westminster Neighbourhood Association, and the Westminster Outdoor Pool, ’* promotional material.

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

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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