

**GUEST WAIVER
BEND AGILITY ACTION DOGS, INC. (BAAD)**

NAME: _____ DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP_CODE _____

HOME PHONE _____ MOBILE PHONE _____

EMAIL _____

DOG'S NAME _____ BREED _____

AGE _____ SEX _____ SPAYED/NEUTERED _____ IS DOG CURRENT ON ALL SHOTS _____

DATES OF LAST VACCINES _____

DOG TRAINING COMPLETED _____

I understand that participation in Bend Agility Action Dogs (BAAD) is not without risk to myself, members of my family or guests who may attend, or my dog, because some of the dogs to which I will be exposed, as well as my own dog, may be difficult to control and may be the cause of injury even when handled with the greatest amount of care.

In consideration of my use of BAAD facilities, I hereby waive and release BAAD, its employees, officers, agents, contractors and BAAD members from any and all liability of any nature, for injury or damage which I, my family, or my dog may suffer. Including specifically, but without limitation, any injury or damage resulting from the action of any dog, and I expressly assume the risk of such damage or injury while attending any training session, practice, or any other function of BAAD or while on the training grounds or the surrounding area.

I shall personally assume all responsibilities and liabilities for any loss or injury which may be alleged to have been caused directly or indirectly to any person or thing by the act of my dog while participating in a BAAD function or while on the training grounds or the surrounding area, including, but not limited to, demonstrations, workshops, seminars, matches and trials.

The owner represents that he/she is the legal owner of said dog(s), and title to said dog(s) is not mortgaged in any way. It is understood that each dog is participating to the extent of that dog's and handler's ability and the ability of any trainer involved. There will be no refunds of BAAD fees and dues. All training will dissipate in the dog(s) unless continually reinforced.

I have received my full COVID vaccines and boosters. Proof of vaccine is attached to this Waiver

I, as owner of the dog, hereby agree to the foregoing.

Signature Printed Name

Date Guest of (Print Member's Name)