



Release of Liability, Authorization for Medical Treatment and Consent to Photography (Adult Only)

I, _____, authorize my full participation in Service Dogs Inc. Inc. (hereafter known as "SDI") activities on its Training Campus or at public events, including related activities.

Fitness to Participate

I, the undersigned, am aware that participation in activities at SDI's campus and related activities is a potentially hazardous activity, and that I should not so participate unless physically able. I verify that I am medically fit to participate.

Understanding of Risks

I agree to abide by the rules and decisions of the SDI staff relating to participation and assume all risks associated with a participation in activities at SDI's campus and any associated event or activities, including but not limited to falls, contact with other participants, contact with dogs, effects of the weather such as high heat, and/or humidity, cold, traveling to, from, and for the activity, or while on premises owned or controlled by SDI, all such risks being known and appreciated.

Waiver, and Release of Liability

In acceptance of being allowed to participate in SDI activities, or have entry to the SDI campus, and intending to be legally bound, I and any one entitled to act on my behalf, assume all risks associated with participation, and waive any and all claims whatsoever against, and fully release SDI, its Staff, Board of Directors, and its officers, employees, agents, and volunteers from all claims, injuries, including death, damages, or liability of any kind, that may be sustained while participating or injuries sustained as a result of the negligence of SDI, arising from my or my dog's participation in SDI activities including my presence on the SDI campus or at Service Dogs Inc. events. I understand this release does not apply to injuries caused by intentional or grossly negligent conduct on the part of SDI.

Agree to Supervision

I agree to follow all instructions and procedures in order to maintain a maximum level of safety.

Authorization for Medical Treatment

I also give my permission for me to receive any emergency medical treatment by a healthcare professional, including emergency medical transportation, which may be required for injuries sustained by me. I do hereby indemnify and hold harmless the physician, hospital, SDI and other persons who act in reliance upon this authorization.



Consent for Photography:

I grant full permission to Service Dogs Inc. to use my and my dog's name, or photographs, videotapes, or other recording of participation in the event, without obligation and liability to me.

In Case of Problems

I understand I can address questions, problems, concerns or complaints to the staff member in charge, then to any SDI manager, the President, or the Board of Directors as needed.

I have read this agreement carefully, understand it, and certify my agreement by signature below.

Participant's Signature _____ Date: _____
(Adult 18 or older only)

Printed Name _____

Address _____

City/State/Zipcode _____

Phone _____

Email _____

Medical Insurance Information (Optional)

If the participant has medical insurance, please indicate the:

Insurance Company: _____

Policy Number: _____

Name of Primary Policy Holder: _____