

## **SPAY NEUTER NETWORK DOGGIE PADDLE ATTENDEE AGREEMENT AND WAIVER**

**Prior to entrance to the facility and event, I agree to the following terms (INITIAL TO THE LEFT OF EACH):**

- \_\_\_\_\_ 1. **I affirm that my dog(s) are spayed or neutered and at least 6 months of age.**
- \_\_\_\_\_ 2. **I confirm that my dog(s) has current vaccinations including rabies vaccination.**
- \_\_\_\_\_ 3. **I confirm that I am 18 years of age or older and that I am solely responsible for the dogs entering the park with me today.**
- \_\_\_\_\_ 4. **I understand that I am responsible for watching my dog(s) at all times within the park and that I am solely responsible for the safety of my pet.** I will not leave them unattended at any time and will ensure that they stay within the facility, behave appropriately, and remain safe at all times.
- \_\_\_\_\_ 5. I confirm that my dog(s):
  - i. Are not currently sick or incapacitated in any manner
  - ii. Have never bitten or attacked a human or other dog
  - iii. Are not aggressive
  - iv. Do not currently have stitches or sutures
- \_\_\_\_\_ 6. I understand that staff, volunteers, and lifeguards are not trained in dog first aid or rescue. I understand that I am responsible for ensuring my pet is swimming safely.
- \_\_\_\_\_ 7. I agree not to leave my pet alone in a vehicle.
- \_\_\_\_\_ 8. I agree to pick up all of my pet's waste immediately and dispose of it properly. I agree to dispose of all food trash in garbage cans immediately.
- \_\_\_\_\_ 9. I understand that I am not allowed to bring outside food or drink into the facility, including dog treats.
- \_\_\_\_\_ 10. I understand that dogs may not be on leash while in the water at any time.
- \_\_\_\_\_ 11. I release any right and grant full permission to Spay Neuter Network and City of Fort Worth to use without payment any photographs, videos, sound recording or any other recording of myself and my pet(s) in any way they see fit.
- \_\_\_\_\_ 12. I agree that I and my dog(s) will treat the facility, other people, and other animals with respect and that I will be held financially liable for the damage to the facility or facility materials, other people, or other animals caused by the direct or indirect actions of myself or my dog(s).
- \_\_\_\_\_ 13. I agree to allow Spay Neuter Network to contact me regarding future events, news, programs, etc.

\_\_\_\_\_ 14. In participating in Spay Neuter Network's Doggie Paddle, I recognize and acknowledge that injury, illness, death, or damage could occur to my person, family, property, or pet(s) caused by any participating pets, attendees, premises, property defects, or other causes. In consideration of the acceptance of this entry and the allowance of myself, my dog(s) and/or my family's participation in Doggie Paddle, I, for myself and my dog(s) and all others who might otherwise make claim on behalf of me or my family, do hereby voluntarily assume full and sole responsibility for any injury, illness (including contagious and zoonotic disease), death, or damage, accidental or intentional, which may occur to myself, my family, property or pets directly or indirectly as a result of or during my or my dog(s) participation in Doggie Paddle. Further, I do hereby forever waive, release, discharge, and hold harmless Spay Neuter Network, the City of Fort Worth, and all sponsors, vendors, veterinarians/veterinary staff, volunteers, staff, and officials from any and all claims, demands, actions, and cause of action whatsoever including, but not limited to, any injury, illness, death, or damages to myself, my family, my property, or my dog(s) which might result directly or indirectly from or during my, my family's or my dog(s)' participation in Doggie Paddle.

***I fully understand and agree that failure to fully comply with any and all obligations outlined in this Agreement and Waiver, will result in my removal from the facility and forfeiture of my registration fee.***

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

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

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Dogs With Me Today:**

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Sex:** \_\_\_\_\_