



COVID-19 Waiver of Liability

In this waiver of liability, the party who is requesting your signature shall be referred to as "You and Your Dog Training & Services" and includes Ashley Clark, Kim Mitchell, Kristine Thurston, volunteers, and their principles.

I agree to the following by signing this form below:

- ☐ I, nor members of my household, have not experienced any of the known COVID-19 symptoms listed by the CDC within the last 14 days.
- ☐ I, nor members of my household, have not traveled internationally in the last 30 days.
- ☐ I, nor members of my household, have not traveled to a highly impacted area within the United States of America in the last 30 days.
- ☐ I, nor members of my household, do not believe that we have been exposed to someone with a suspected and/or confirmed case of the Coronavirus (COVID-19).
- ☐ I, nor members of my household, have not been diagnosed with the Coronavirus (COVID-19) within the last 30 days.

You and Your Dog Training & Services cannot be held liable from any exposure to the Coronavirus (COVID-19) caused by misinformation on this form or the health history provided by each client. If I take any steps to make a claim for damages against You and Your Dog Training & Services, its agents, employees or any other released parties, I shall be obligated to pay all attorney’s fees and costs incurred as a result of such claim.

By signing below, I hereby release and agree to hold You and Your Dog Training & Services harmless from and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses, and compensation for damages or loss to myself and/or property that may be caused by any act, or failure to act of the business, or that may otherwise arise in any way in connection with any services received from You and Your Dog Training & Services. I agree to release You and Your Dog Training & Services from any and all liability for the unintentional exposure or harm due to the Coronavirus (COVID-19)

Owner/Handler _____
Print Name

Date: ___ / ___ / _____

Owner/Handler _____
Signature

Date: ___ / ___ / _____

Parent/Guardian (*Signature*) _____
(If handler is under 18 years of age)

Date: ___ / ___ / _____

Two people can attend from the same household two weeks after they are both fully vaccinated against COVID-19. By each handler signing below you are self certifying that each of you has been fully vaccinated against COVID-19.

Primary Owner/Handler _____ Date: ___ / ___ / _____
Print Name

Primary Owner/Handler _____ Date: ___ / ___ / _____
Signature

Secondary Owner/Handler _____ Date: ___ / ___ / _____
Print Name

Secondary Owner/Handler _____ Date: ___ / ___ / _____
Signature

Parent/Guardian (*Signature*) _____ Date: ___ / ___ / _____
(If handler is under 18 years of age)