CANINE - Assumption of Risk, Liability Waiver & Indemnity Agreement

I, the undersigned, warrant that I am the owner or person responsible for the dog(s) brought to K9 Fit Club LLC, and any and all locations where K9 Fit Club LLC services are offered including but not limited to Canine training, Human and Canine Fitness, Canine Fitness, weight loss and any and all other activities and classes. I understand that participating in any K9 Fit Club LLC services is not without risk to myself, my dog(s), other family members, guests or staff, and other K9 Fit Club LLC participants (human or canine). This release of liability includes, but is not limited to any injury, death, sickness or personal injury or property damage my dog(s) or I may suffer while on or around the premises where the instruction and all services are held. This release also includes specifically, but without limitation, any and all forms of personal injury (including death) and property damage to myself, other persons, and other animals resulting from the act or omissions of any and all dogs or dog owners and I expressly assume the risk of such damages or injuries and losses. I accept and shall assume full responsibility for and pay my dog(s) medical and emergency expenses in the event of injury, illness, or other incapacity regardless of whether I authorized such expenses. I agree that I, as the owner of the above dog(s), am solely responsible for the dog(s) behavior and physical control and agree to carefully monitor and control it at all times. I accept full responsibility for any injury or damage, to persons, property or animals arising out of use of any location K9 Fit Club LLC services are held and the actions and conduct of the undersigned and my dog(s), and accordingly agree to indemnify K9 Fit Club LLC and it's owners, employees and independent contractors, for money damages and attorney fees; and further waive all personal claims and releases K9 Fit Club LLC, it's owners, employees and independent contractors for damage, injury or death sustained by me, arising out of my participation in the activities and services of K9 Fit Club LLC, or presence on or use of the premises where services are performed; and further waive subrogation claims of insurers.

I further agree to abide by all requirements, policies and procedures of K9 Fit Club LLC. My dog(s) is current and will remain up to date with immunizations and tests based on K9 Fit Club LLC requirements for Rabies, Bordetella, Distemper, Parvovirus, Leptospirosis and Canine Influenza and annual Heartworm and Fecal Testing. I understand that it is my responsibility to provide K9 Fit Club LLC with the most current medical information for my pet, including but not limited to medications, illness, medical history, previous injuries, previous and upcoming surgeries and procedure, behavioral issues, veterinarian contact information and any veterinarian recommendations and limitations for the dog(s) brought to K9 Fit Club LLC or any location offering K9 Fit Club LLC services for any and all services. I understand and agree I am responsible for any and all potential risk as a result of undisclosed medical conditions. I understand that a consultation with a veterinarian is highly recommended for any and all health related matters pertaining to the dog, and any services offered by K9 Fit Club LLC are not intended to be a substitute to veterinary care.

I give K9 Fit Club LLC my permission to take and use photographs, and/or videos for any purpose whatsoever, including without limitation for marketing and advertising purposes of K9 Fit Club LLC, and in any and all media, including without limitation K9 Fit Club LLC website(s). All photographs and videos are the property of K9 Fit Club LLC.

I have read this Assumption of Risk, Liability Waiver & Indemnity Agreement thoroughly and understand the terms. My participation in the selected activities and my execution of this agreement are both purely voluntary and I elect to do so in spite of the risks.

_____ _____ _____

Client's Signature Client's Printed Name Date

_____ _____ _____

Witnessed By: Printed Name Date