



**RELEASE AND WAIVER OF LIABILITY**

WHEREAS, The OccuPaws Guide Dog Association is conducting training sessions and outings for placement of Children's Visual Companion Dog (CVCD);

WHEREAS, such training sessions will be held on, around, and about grounds owned or leased by the undersigned individual, and utilized for required training sessions to obtain a CVCD from OccuPaws;

WHEREAS, I, \_\_\_\_\_, the undersigned parent/guardian of \_\_\_\_\_, hereby waive, release and discharge The OccuPaws Guide Dog Association and its representatives from any and all claims for damages for death, personal injury, and/or property damage which I, or my heirs, may have, or which may subsequently accrue to me or my heirs, as a result of or arising from my participation in any subject training sessions or outings. This Release and Waiver is intended to, and shall operate to, discharge in advance the officers, promoters, sponsors, officials, land owners, and other participants from and against any and all liability arising out of or connected in any way with my participation in these training sessions and outing, even though that liability may arise out of negligence or carelessness on the part of any person or entity above mentioned.

I FURTHER STATE THAT, I am familiar with the nature of the training sessions and outings; I am aware that injury and damage can occur during these training sessions and outings, both to myself, my child and any dog(s) I may have. Knowing the risks, I hereby agree to assume those risks and to release and hold harmless all of the persons or entities mentioned above who might otherwise be liable to me or my heirs and assigns for damages.

I HAVE READ AND AM IN AGREEMENT WITH THE TERMS OF THIS RELEASE AND UNDERSTAND THAT BY SIGNING THIS RELEASE I AM RELINQUISHING AND WAIVING CERTAIN LEGAL RIGHTS I OTHERWISE WOULD HAVE.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Parent/Guardian Signature \_\_\_\_\_

Witnessed by \_\_\_\_\_

Person to notify in case of illness or accident \_\_\_\_\_

Telephone Number \_\_\_\_\_  
(Home) \_\_\_\_\_ (Work/Cell) \_\_\_\_\_

Name of Physician (other than eye specialist) \_\_\_\_\_

Telephone Number of Physician \_\_\_\_\_