

**WAIVER OF LIABILITY, RELEASE, ASSUMPTION OF RISK  
AND INDEMNITY AGREEMENT**

It is the purpose of this agreement to exempt, waive and relieve Releasees from liability in exchange for my opportunity to participate in the Leash Your Fitness classes. For purposes of this agreement, the term "Releasees" shall include Dawn Celapino, Leash Your Fitness, Dogwood Acres Pet Retreat or governing regulatory agency and any of the agents, employees and affiliates of the aforesaid.

For and in consideration of my participation in the Classes, I, \_\_\_\_\_  
(Print Name) waive and release any right I, my heirs, distributees, guardians, legal representatives, and assigns may have to any and all claims for liability and cause(s) of action that arise in any way in connection with my participation in the Classes, including for personal injury, property damage (including damage to animals), and/or death, caused by any acts of the Releasees, including acts of negligence. **INITIAL: \_\_\_\_\_**

I understand that the Classes involve both vigorous physical activities on my part as well as the opportunity for my dog to interact with other dogs. I acknowledge, understand, and assume the risks, including certain unique risks regarding me and my dog interacting with animals we are not familiar with, arising from the Classes. In particular, I acknowledge that:

1. I am familiar with the structure of the Classes and I will seek out and discuss and any questions or concerns that I have with the trainers who lead the Classes.
2. My dog is in good health and is unequivocally able to participate in the Classes. I will immediately notify my Leash Your Fitness trainer if a change in my dog's health or other condition would affect my dog's ability to participate in the classes.
3. I affirm and attest that my dog has NEVER been in a fight of any form and has NEVER acted aggressively or violently towards any people or other dog.
4. All vaccinations for my dog are up to date. **NOTE:** rabies, bordatella, and distemper are required. **INITIAL: \_\_\_\_\_**

**ADDITIONAL WAIVER:** I acknowledge that there may be certain unique risks to me and to my dog associated with my participation in the Classes. These include, but are not limited to, the fact that animals can be unpredictable, may fight with each other, may bite other animals or humans that are present. **I HEREBY ASSUME ALL LIABILITY AND RISK TO MYSELF AND MY DOG WITH RESPECT TO THE ACTS OF THE OTHER ANIMALS PRESENT IN THE LEASH YOUR FITNESS CLASS IN CONNECTION WITH MY PARTICIPATION IN THE CLASSES.** **INITIAL: \_\_\_\_\_**

I (and my parent/guardian, if applicable) certify and declare that I am physically sound and not suffering from any condition, impairment, disease, or other illness that would prevent my participation in an exercise program. I acknowledge that I have either had a physical examination and been given my physician's permission to participate, or that I have decided to participate in an exercise program without the approval of my physician and do hereby assume all responsibility for my participation and activities. **INITIAL: \_\_\_\_\_**

I (and my parent/guardian, if applicable) AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS THE RELEASEES AND EACH OF THEM FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE OR COST THEY MAY INCUR DUE TO ANY CLAIM MADE BY OR ON BEHALF OF ME AGAINST ANY OF THE "RELEASEES" THAT IS DETERMINED TO BE WITHIN THE SCOPE OF THIS AGREEMENT. **INITIAL:** \_\_\_\_\_

### Health Information

Yes No Are you under the care of a physician, chiropractor, or other health care professional?

If YES, please list reason(s): \_\_\_\_\_

Please indicate the correct response below:

- Yes No Has your doctor ever said you have heart trouble?  
Yes No Do you frequently have pains in your heart and or chest?  
Yes No Do you often feel faint or have spells of severe dizziness?  
Yes No Do you currently have high blood pressure, or are on medication for high blood pressure?  
Yes No Has your doctor ever told you that you have a bone or joint problem such as arthritis that may be aggravated or made worse with exercise?  
Yes No Is there any reason not mentioned here why you should not participate in an exercise program?  
Yes No Are you over the age of 65 and not accustomed to vigorous physical activity?

If you marked yes on any question above, please explain: \_\_\_\_\_

By signing below, I acknowledge and agree that I am aware that there are risks, hazards, and dangers inherent in physical activity. I hereby assume any and all such risk and accept that it is my sole responsibility to participate only in those activities for which I have adequate skills, conditioning, and training. I have completed this form to the best of my knowledge and agree to release Leash Your Fitness, Dogwood Acres Pet Retreat and their staff from any and all liability and responsibility.

I (and my parent/guardian, if applicable) acknowledge that I have been provided and have read the above paragraphs and have not relied upon any representation of releasees concerning its terms and agree that this agreement shall be construed and enforced in accordance with the laws of the State of California and the State of Maryland.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_ **Dogs Name:** \_\_\_\_\_