

Activity Release of Liability
Read Carefully- This Affects Your Legal Rights

In exchange for the participation in the activity of **dog day camp activities organized by WagMoreNextDoor (“Skippack Animal Hospital- SAH)**, of 3865 Skippack Pike, Skippack PA 19474, and/or use of property, facilities and services of Skippack Animal Hospital, I agree for myself and (if applicable) for the members of my family, to the following.

1. I agree to observe and obey all posted rules and warnings, and further agree to follow any oral instructions or directions given by SAH, or the employees, representatives or agents of SAH.
2. I understand that there are certain inherent rules associated with the above described activity and I assume full responsibility for personal injury to my dog(s), and further release and discharge SAH for injury, loss or damage out of my or my family’s use of the facilities of SAH, whether caused by the fault of myself, my family, SAH or other third parties.
3. I agree to indemnify and defend SAH against all claims, causes of action, damages, judgments, costs or expenses, including attorney fees and other litigation costs, which may in any way arise from my dog’s use of or presence upon the facilities and services of SAH.
4. I agree to pay for all damages to the facilities of SAH and those employed and enrolled there caused by my dog’s negligent, reckless or willful actions.
5. I understand that in case of emergency or injury, SAH will try to reach me immediately. If medical attention is necessary, my dog(s) will be treated at the facility and I will be held financially liable for the fees incurred. If transport to another facility is necessary, I will be liable for all veterinary fees as well as a transportation fee.
6. Any legal or equitable claim that may arise from participation in the above shall be resolved under Pennsylvania law.

I have read this document and understand it. I further understand that by signing this release, I surrender my certain legal rights.

Dated: _____ **Dog’s Name:** _____

Signature: _____

Printed: _____

Address: _____
