

Activity Waiver Form

THIS ACTIVITY WAIVER FORM (this "Waiver") dated this _____ day of _____,

IN CONSIDERATION of being allowed to participate in the Activity and other good and valuable consideration, the receipt of which is hereby acknowledged, I

_____ of _____
(the "Participant") agree with Laurelwood Veterinary Hospital, 515 Benjamin Rd, Waterloo, ON, N2J 3Z4, Canada (the "Activity Provider") to the following:

DETAILS OF ACTIVITY

1. The Participant will be participating in the following activity: Dog Training (the "Activity") provided by the Activity Provider/ Laurelwood Veterinary Hospital.

CONSIDERATION

2. Being of lawful age and in consideration of being permitted to participate in the Activity, the Participant releases and forever discharges the Activity Provider/ Laurelwood Veterinary Hospital, its owners, directors, officers, employees, agents, assigns, legal representatives, and successors from all manner of actions, causes of action, debts, accounts, bonds, contracts, claims, and demands for or by reason of any injury to person or property, including injury resulting in the death of the Participant, which has been or may be sustained as a consequence of the Participant's participation in the Activity, and notwithstanding that such damage, loss, or injury may have been caused solely or partly by the negligence of the Activity Provider.
3. The Participant understands that the Participant would not be permitted to participate in the Activity unless the Participant signed this Waiver.

CONCURRENT RELEASE

4. The Participant acknowledges that this Waiver is given with the express intention of effecting the extinguishment of certain obligations owed to the Participant by the Activity Provider, and with the intention of binding the Participant's spouse, heirs, executors, administrators, legal representatives, and assigns. This extends to social media activities for the Activity Provider, including but not limited to, advertisement pictures and videos, as well as testimonies. The Participant and affiliations also agree not to divulge any trade secrets, information, or techniques provided by the Activity Provider for profit or gain of any sort.

FITNESS TO PARTICIPATE

5. The Participant acknowledges to the Activity Provider that the Participant does not have any physical limitations, medical ailments, or physical or mental disabilities that would limit or prevent the Participant from participating in the Activity. If required, the Participant will obtain a medical examination and clearance. The Participant also acknowledges that they are solely responsible for the fitness of their dog to participate. The participants dog must remain up to date on all vaccinations required for a social activity including, but not limited to, the core vaccines. The core vaccines include Distemper, Adenovirus-2 (hepatitis), Parvovirus and Parainfluenza. Rabies vaccination is required for dogs over 16 weeks. Any exemptions will require a written exemption

Initials: _____

Activity Waiver Form

Page 2 of 2

from a veterinarian and must be provided prior to the class start. The vaccination record must be provided prior to the class start. Failure to provide the required vaccination record of the dog will result in the participant's removal from the activity until a time that the vaccination status of the dog can be confirmed. Consequently any other ailments, health concerns both physical or mental, or concerns of any kind that may affect the participant or their animal during the activity must be divulged prior to the beginning of the activity.

FULL AND FINAL SETTLEMENT

6. The Participant acknowledges and agrees with the Activity Provider that: (1) the Activity Provider has given the Participant sufficient time to carefully read this Waiver, (2) the Participant has been given the opportunity and has been encouraged to seek independent legal advice prior to signing this Waiver, (3) the Participant fully understands the risks and claims that the Participant is waiving to participate in the Activity, (4) the Participant is freely and voluntarily executing this Waiver, and (5) the Participant is forever prevented from suing or otherwise claiming against the Activity Provider for any property loss or personal injury that the Participant may sustain while participating in or preparing for the Activity.

GOVERNING LAW

7. This Waiver will be governed by and construed in accordance with the laws of the Province of Ontario.

EMERGENCY CONTACT

8. Name: _____

Phone: _____

IN WITNESS WHEREOF the Participant has duly affixed their signature on this
_____ day of _____, _____.

(Participant)

Initials: _____