

The Complete Canine, LLC

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(520) 403-1401	
waiver of Liability	and Informed Consent Release
Last Name:	First Name:
Home Phone #:	Mobile Phone #:
Email Address:	Dog's Name:
Dog's Breed:	Dog's Age:
(classes) offered by The Complete Canine, LLC. By signing hereunder, unavoidable risk of injury involved when working with animals, especto control and that not all dogs will be under control at all times, resultable and the control of the contro	classes, private consultations, doggy daycare, workshops or other related activities I certify that I have been informed and understand that there is always some cially animals with behavioral issues. I acknowledge that dogs can be inherently difficul- ulting in the possibility of injury to myself, my dog, my family members, or third parties about the foregoing risks with The Complete Canine, LLC and its authorized my satisfaction related to such risks, including, but not limited to an examination of the
the risks of any and all injuries to myself, my dog and any of my famil $% \left(1\right) =\left(1\right) \left(1\right) \left($	with my participation in the classes and/or doggy daycare, including, but not limited to by members or third parties who may attend; the risks that my dog may cause injury to are; and the risks that saliva, water, food and/or other debris may be present in the
successors and assignees (the "Releasing Party"), herby waive, releas Complete Canine, LLC and their members, managers, agents and emp	daycare, I, for myself, my heirs, executors, administrators, legal representatives, se, discharge and agree not to sue and to indemnify, defend and hold harmless The ployees (the "Released Party") from any and all injuries, losses, claims, and damages to sing from the Released Party's own negligence, and all costs associated therewithin, m my participation in the classes/daycare.
contrary to what I have agreed to in the Waiver of Liability and Inform	binding on the Releasing Party. Should the Releasing Party assert a claim to the med Consent Release, the claiming party shall be liable for all expenses (including Releasing Party and the Released Party. No waiver of modification of any provision Released Party and the Releasing Party.
I hereby consent to my dog being the subject of photographs and/or exhibited for educational purposes.	audiovisual recording and authorize The Complete Canine, LLC to cause the same to be
I hereby certify that the documentation that I have provided in refere	ence to vaccinations is complete and accurate to the best of my knowledge.
I represent that I am at least 18 years of age	
Signature:	Date:
Parent or Guardian Additional Agreement (Must be con	
indemnify, defend and hold harmless The Complete Canine, LLC and all injuries, losses, claims and damages to any person or persons of a	(Participants Name) being permitted to participate in classes, I further agree to their members, managers, agents and employees (the "Released Party") from any and ny nature whatsoever, including claims arising from the Released Party's own fees, court costs and consultant fees, arising from my participation in the classes.
Parent or Guardian's Printed Name:	Date:

Signature: ______ Date: _____