



Guardian Whiskers Book Buddies Therapy Team Application and Waiver

Name: _____ Phone: _____
Street Address: _____ Email: _____
City: _____ State: _____ Zip Code: _____
Employer: _____
Dog's Name: _____ Dog's Age: _____
Emergency Contact Name: _____ Emergency Phone: _____

Completed and passed the AKC Canine Good Citizen test on this date: _____

Check which national therapy dog registry you and your dog are registered with:

Alliance of Therapy Dogs Pet Partners

Date registered: _____ Date due for renewal (for Pet Partners): _____

Alliance of Therapy Dogs ID number: _____ Pet Partners ID number: _____

Member of Dogs On Call, Inc. since: _____

Agreement to practice positive reinforcement training techniques

Guardian Whiskers advocates positive reinforcement training methods. I understand and agree that positive reinforcement training techniques, including pain-free, force-free, and do-no-harm training techniques, are the most humane and kindest training methods. I certify that I practice these training methods during therapy sessions, in my home, and in everyday life with my dog.

Signature

I agree to attend at least one team meeting per year. Sign me up to receive emails!

How did you hear about us? _____

(over please)

Availability (circle): *Weekdays: mornings afternoons evenings*
Weekends: mornings afternoons evenings

Sign me up to receive Guardian Whiskers' email newsletter!

Guardian Whiskers Inc (GW), Cat Care Clinic (CCC) and City Dog Vet (CDV)

RELEASE AND WAIVER OF LIABILITY and MEDIA RELEASE FORM

PLEASE READ CAREFULLY as this document affects your legal rights.

THIS RELEASE AND WAIVER OF LIABILITY and MEDIA RELEASE FORM (the "Release") is executed by the undersigned in favor of GUARDIAN WHISKERS, a Wisconsin non-profit corporation, its directors, officers, employees, and agents.

I understand that the behavior and temperament of animals can be unpredictable and that touching, handling, or other contacts with an animal may involve the risk of property damage or personal injury. I accept full responsibility for the acts of myself, my pet, and my guests while participating in GW events. I also understand that if I bring a pet to CCC, CDV, or any location in conjunction with a GW event, my pet may sustain injury or illness.

Therefore, as a condition of participating in the programs and/or events of GW, I execute this Release subject to the following terms and conditions:

- Waiver and Release.** I hereby release and forever discharge and hold harmless GW, CDV and CCC and its successors and assigns from all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my participation in GW's programs and events or interaction with animals at GW's programs and events, CDV, and CCC. I understand and acknowledge that this Release discharges GW, CDV OR CCC from any liability or claim that I may have against GW, CDV OR CCC with respect to any bodily injury, personal injury and illness, death, or property damage. I also understand that GW, CDV, OR CCC does not provide any insurance coverage or financial assistance in the event of injury or illness.
- Assumption of the Risk for Volunteers.** I understand that volunteer work with GW may include activities that could be hazardous including, but not limited to working with animals, loading and unloading equipment and materials, and transportation relative to work being performed.
- Pet Owner Responsibility.** I certify that my dog is current on their vaccinations for Bordetella, Rabies, and Distemper, and is currently on a flea prevention program. I also certify that to the best of my knowledge my dog is free of parasites, internal and external, and free of communicable diseases. I agree to not bring my dog to GW's programs and events if I know or suspect that my dog is ill. If my dog is too young to have been given all of these vaccinations, they will be administered at the appropriate age. I will keep my dog current on all such vaccinations, titers or other vaccine-related recommendations made for my dog by my veterinarian, while participating in GW's programs and events.
- Photographs and Media.** I grant GW, CDV OR CCC, its representatives, employees, as well as news and print media outlets, permission to use photographs and videos of me with or without my name and for any lawful purpose, including for example, such purposes as publicity, publications, illustration, advertising, web content, and social media.

I have read and understand this RELEASE AND WAIVER OF LIABILITY and MEDIA RELEASE FORM. By signing below, I agree on behalf of myself and all minors who accompany me to be legally bound by this release.

Signature

Date

Print Name

(over please)