

Visiting Therapy Dog Volunteer Liability Waiver & Likeness/Voice Consent Form

Handler Information:

Name: _____

Address: _____

Mailing Address (if different): _____

Home Phone: _____

Cell Phone: _____

E-Mail: _____

Dog Information:

Name: _____

D.O.B.: _____ Weight: _____ Age: _____

Breed: _____ Spayed/Neutered? Yes No

Male Female

I understand that in order to bring the above listed dog to a sanctioned Companion Paws Partner Facility, a membership application packet must first be completed, membership dues must be paid in full, and my dog must pass the Companion Paws Therapy Dog Evaluation.

Liability Waiver

I understand that attendance at therapy dog activities is not without risk to me, my family members, or guests who may attend, or to my dog, and that neither The LifeLine Canada Foundation or Companion Paws nor the owner/proprietor of any facility hosting events assumes legal liability for my actions or the actions of my dog, other dogs, my family members or my guests in their participation in Companion Paws activities. I indemnify, agree to defend and hold harmless The LifeLine Canada Foundation and Companion Paws, the owner/proprietor of each facility hosting a Companion Paws event, and anyone acting on their behalf from and against all claims losses liabilities, and damage to persons or property, governmental charges or fine omissions, including but not limited to participation in Companion Paws functions and training, or during interactions with residents, patients, or others in facilities to which I take a dog, demonstrations involving a dog, or transportation of a dog, to, from or within such facilities.

Consent to use Likeness and Voice

I hereby grant permission to Companion Paws to photograph, video and audio tape my participation in Companion Paws events and during visits to facilities, and I consent to their use of my name, likeness and voice for publicity and related promotional purposes.

Signature of this waiver is conclusive proof that I read and accepted the terms hereof and assume the risks involved.

Signature: _____ Date: _____