

WAIVER FORM

We, the team of (your name & k-9 name)

I am fully aware of the rigors and difficulties I may encounter in police canine training, and fully understand that I may become injured, partially or wholly, as a result of my participation in the seminar. I also know that I should not attend unless I am medically fit. I therefore attest and verify that I am mentally and physically fit and sufficiently trained to participate and my physical condition has been verified by a licensed medical doctor within the last six months. I assume all risk with participating in this event; including but not limited to, contact with other participants or dogs, dog bite, effects of the weather, including hot temperatures. Having read this waiver and knowing the aforementioned facts, I, the undersigned intending to be legally bound, and my heirs, executors, and administrators, and anyone authorized to act on my behalf, waived and release the Connecticut Police Work Dog Association Inc. and any representatives thereof, their president, officers and any members, representatives, and agencies thereof, from any liability of any kind arising out of my participation incurred while attending the workshop to be held on _____ through _____ to include acts of God, accident, injury and sickness.

Further I hereby grant permission to C.P.W.D.A. to use any photographs, video tapes, motion pictures, recordings or any other record of my participation in this event for legitimate purpose, without compensation.

Signature _____ Date _____