

## Training Activities Waiver of Liability

I am aware that there are inherent risks and hazards involved in activities with and around dogs. I am aware that any dog, regardless of breed, temperament, training, handling, or environmental circumstance, is capable of biting and I expressly acknowledge and accept the risks therein.

Further, I am and will remain responsible for the actions of my dog at all times. I hereby agree to abide by the rules and policies of training activities with Pawsitive Solutions Training, LLC, DBA The Social Pup. I understand that attending training classes or private lessons is not without risk to myself, members of my family, accompanying guests of mine, or to my dog. In consideration of, and as inducement to the acceptance of my application for training activities, I hereby agree to indemnify and hold harmless Pawsitive Solutions Training, LLC, DBA The Social Pup, its owners, officers, directors, instructors, agents, employees, independent contractors and/or representatives of any and all claims, or claims by any member of my family, or accompanying guests of mine of injury, expense, costs or damages to myself, my dog or any handler sponsored by me both in class and out of class, by acts that might occur in dog training classes, private lessons, or any other format of training activities or secondary training without trainer present.

I also agree to assume sole responsibility for injury or damage caused by myself, children in my charge, accompanying guests of mine, or by the dog I own or handle and further agree to indemnify, defend and hold harmless Pawsitive Solutions Training, LLC, DBA The Social Pup and property from any damage, loss, liability or expense, including legal cost and attorney's fees, which result from damage caused by myself, children in my charge, accompanying guests of mine, or by the dog I own or handle.

**While risk of disease transmission between dogs is very low with the appropriate protocols, I am aware that any time dogs come into contact with other dogs there is a possibility of disease transmission, and I expressly acknowledge and accept the risks therein.**

Printed name:

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Signature:

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Date:

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