**RELEASE OF CLAIMS FOR ACCIDENTAL INJURY**

I hereby certify that I am aware of the inherent dangers of handling dogs in settings with people and with other dogs, and that I recognize the importance of following safety rules in all situations.

I understand that it is not the purpose of Alliance of Therapy Dogs to teach me safety rules, and it is not the function of the organization or its agents to serve as guardians of my safety or as guarantors of my responsibilities or liabilities. In that regard, I understand and guarantee that while I am participating in the Alliance of Therapy Dogs Test and any subsequent visits that are required prior to being granted membership, I am solely responsible for any incident that might occur and therefore absolve Alliance of Therapy Dogs from any liability.

In consideration of being given the opportunity to apply for membership in Alliance of Therapy Dogs, I am willing to assume all risks in the activities described above and release the persons and entities cited above, if an injury or damage befalls me or the dog I am handling, whether foreseen or unforeseen, during the performance of these activities, and furthermore save and hold harmless Alliance of Therapy Dogs and persons from any claim by me or my family or any other party arising out of my participation in this activity.

Further, I understand and guarantee that while I am participating as an Alliance of Therapy Dogs member, I am solely responsible for any incident that might occur and therefore absolve Alliance of Therapy Dogs officers, directors, members, agents or employees from any liability. I also understand and agree that Alliance of Therapy Dogs may not be held liable in any way for any occurrence in connection with said activities that may result in injury, death or damages to me, my dog or my family. I shall indemnify Alliance of Therapy Dogs for any damages incurred by Alliance of Therapy Dogs resulting from any harm, injury, illness, death, or other damage to the dog I am handling while on Alliance of Therapy Dogs visits.  Furthermore, I certify that I am solely responsible for any harm, injury, illness, death, or other damage that may occur to the dog I am handling while on Alliance of Therapy Dogs visits.

I further state that I am of lawful age and legally competent to sign this affirmation and release, or that my guardian has executed this release along with me. I understand these terms are contractual and I have signed this document as my own free act and deed and without fraud, force or undue influence.

I have read the contents of this document, am fully informed of its contents and affirm that I understand its contents. In addition, I assume my own responsibility for my physical fitness in regard to my ability to perform the functions required for this activity.

I have executed this affirmation and release on:

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_ No\_\_\_\_\_\_

To your knowledge, has this dog ever bitten a person? Yes \_\_\_\_ (Date of bite\_\_\_\_\_\_\_\_) No \_\_\_\_

If yes to either question, the **membership process must cease** pending a background check or investigation.

Are you the owner of this dog? Yes\_\_\_\_ No\_\_\_\_

**Prospective Member**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Full Legal Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent or Legal Guardian (If applicable)

Prospective member must sign this document before testing.

A release for each handler/dog team must be returned with ATD Test and Member Application to the ATD office.