

**RELEASE OF LIABILITY, AGREEMENT NOT TO SUE
READ CAREFULLY – THIS AFFECTS YOUR LEGAL RIGHTS**

In exchange for participation in the activity of exercising my dog(s) , organized by Canine Enrichment Center, of 1365 Arrowhead Road, Grafton, WI 53024 and/or use of the property, facilities and services of Canine Enrichment Center, I agree for myself and (if applicable) for the members of my family, to the following:

1. I agree to observe and obey all rules and warnings, and further agree to follow any oral instructions or directions given by Canine Enrichment Center, or the employees, representatives or agents of Canine Enrichment Center.
2. I recognize that there are certain inherent risks associated with the above described activity and I assume full responsibility for personal injury to myself, my family members (if applicable) and my dog/s. I further release and discharge Canine Enrichment Center for injury, loss or damage arising out of my or my family's use of or presence upon the facilities of Canine Enrichment Center, whether cause by the fault of myself, my family, my dog/s, Canine Enrichment Center or other third parties.
3. I agree to indemnify and defend Canine Enrichment Center against all claims, causes of action, damages, judgments, costs or expenses, including attorney fees and other litigation costs, which may in any way arise from me, my guests or my dog(s) use of, or presence upon, the facilities of Canine Enrichment Center.
4. I agree to pay for all damages to the facilities of Canine Enrichment Center caused by me, my dog(s) or my family's negligent, reckless, or willful actions.
5. It is the intent of the undersigned that the above release of liability and agreement not to sue be as broad and inclusive as allowed by law, and that if any portion is invalid, the remainder shall continue in full force and effect.
6. I, the undersigned, have read and understand this release and all its terms and understand it is in effect and inclusive any time I am in the building or on the premises.

SIGNATURE _____ DATE _____

Print
Name _____ Phone _____

Address _____