

Release of Liability

I hereby acknowledge that I voluntarily have applied to participate and use, with my dog(s), The Retreat and Pet Connection ("The Retreat"). I understand that the unleashing of my dog(s) and being physically present inside The Retreat necessarily involves risks of injury to me, my dog(s), and other dogs, which risks are entirely my responsibility. I expressly assume all these risks. I further understand that dogs, irrespective of their training and usual past behavior or characteristics, may act or react unpredictably at times based upon instinct or circumstances, and I agree to assume the risk of injury to me, any individual accompanying me in The Retreat, and my dog(s). I understand that this risk that may result from fierce, aggressive, vicious, and dangerous dogs, which may be present in The Retreat. I further understand and assume the risk that not all dogs present in The Retreat have received the Rabies vaccine as required by law, and that not all dogs using The Retreat have been vaccinated for Distemper, Parvo, or Bordetella, all of which could result in injury to me and my dog(s). Additional risks include, but are not limited to: dog fights, dog bites and injuries to humans and other dogs; dog theft or unlawful capture; dog escape over or under fences; plants and/or water sources in the park may be poisonous to dogs; park vegetation may have burrs or seeds that could become tangled in a dog's coat or lodge in a dog's feet, ears, nose, or eyes; mosquitoes, ticks, chiggers, fleas or other insects may be present; wild animals such as skunks, raccoons, opossums, or stray dogs could be present in The Retreat, all of which might injure or infect your dog(s). I understand and expressly assume all additional risks.

It is my understanding that no agent or employee of The Retreat or Pet Connection of Zionsville, Zionsville Country Veterinary Clinic, Zionsville Country Kennel, or Sirius Canine Training will supervise The Retreat at any time. I further understand that none of the aforementioned businesses assumes liability for loss, damage, or any kind of injury sustained by any human or dog while using The Retreat. I therefore expressly assume all risks associated with using The Retreat, as well as fixtures and equipment therein, in an unsupervised manner.

By signing this release of liability and using The Retreat, I hereby fully and forever release and discharge the aforementioned businesses, their employees and agents from any and all claims, demands, damages, rights of action, or causes of action present or future, whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of my use or intended use of The Retreat premises, facilities or equipment. I fully and forever release and discharge The Retreat or Pet Connection of Zionsville or Zionsville Country Kennel or Zionsville Country Veterinary Clinic or Sirius Canine Training, their employees and agents from any and all negligent acts and omissions in the same, and intend to be legally bound by this release.

I have carefully read this release of liability and understand and fully agree with its content. I have also received a copy of the brochure outlining rules for use, etiquette for dog owners and recommendations for dog owners.

This is a release of liability. Do not sign if you do not understand or do not agree with its terms.

SIGNATURE _____

DATE _____

The Retreat Pass Application

In order to enjoy The Retreat, all owners are required to carry a Retreat Pass, visible at all times.

1. Read and sign the liability release form facing this form.
2. Fill out the application below (please print).

OWNER'S NAME _____ PHONE # _____ DATE _____

ADDRESS _____ CITY/STATE/ZIP _____

NAME OF DOG #1 _____ BREED OF DOG #1 _____ COLLAR TAG Yes No

AGE OF DOG #1 _____ # ON RABIES TAG _____ MICROCHIP Yes No

DATE OF RABIES VAC. #1 _____ DATE OF BORDETELLEA VAC. #1 _____

DATE OF DISTEMPER/PARVO VAC. #1 _____

NAME OF DOG #2 _____ BREED OF DOG #2 _____ COLLAR TAG Yes No

AGE OF DOG #2 _____ # ON RABIES TAG _____ MICROCHIP Yes No

DATE OF RABIES VAC. #2 _____ DATE OF BORDETELLEA VAC. #2 _____

DATE OF DISTEMPER/PARVO VAC. #2 _____

VETERINARIAN NAME/PHONE NUMBER _____

SIGNATURE OF APPLICANT _____

PASS NUMBER(S): _____

3. Bring this form, a copy of the vaccination records, and cash/check/Visa/MasterCard into the Zionsville Country Kennel to purchase your Retreat Pass. Office hours are Monday-Friday, 9:00am-noon, and 2:00-6:00pm. Checks should be payable to Zionsville Country Kennel. Questions? Call 317.769.6172.