

Registration Form

Release of Liability and Indemnification Agreement

I acknowledge that I voluntarily have applied to participate and use, with my dog(s), the Coomes Center Swimming Pool ("the pool") for the swimming event on September 16, 2017.

I understand that the act of unleashing my dog(s) and being physically present inside the pool area necessarily involves risks of injury to me, to other people, to my dog(s), and to other dogs. I understand these risks are entirely my responsibility. I expressly assume these risks. I am aware of the risks and hazards inherent upon entering the pool area and I choose to voluntarily assume all such risks, loss, damages, or injury that may be sustained by entering the pool.

By signing this release of liability and using the pool, I hereby fully and forever release and discharge the Margaret B. Mitchell Spay/Neuter Clinic and Abingdon Parks and Recreation and their volunteers, employees and agents from any 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 pool. I fully and forever release and discharge the Margaret B. Mitchell Spay/Neuter Clinic and The Abingdon Parks and Recreation and their employees and agents from any and all negligent acts and omissions in the same.

By signing this agreement I also agree to indemnify the Margaret B. Mitchell Spay/Neuter Clinic and The Abingdon Parks and Recreation and their volunteers, employees and agents from any claims, demands, damages, rights of action or causes of action present or future, whether the same be known or unknown, anticipated, brought against any or all of such entities based on my use or intended use of the pool.

I carefully read this release of liability, understand and fully agree with its contents.

This is a release of liability. Any owner/handler using the pool must sign this waiver.

In addition to the above, by signing below, I also allow the Margaret B. Mitchell Spay/Neuter Clinic and Abingdon Parks and Recreation to use any photo or video acquired during this event.

Owner's/Handler's Name (please print): _____

Owner's signature / Date

Staff Initial / Date

Read and fill out the required information below, then sign the agreement.

Dog Name: _____ **Sex: Male / Female (circle one)**

Breed Description: _____ **Spayed / Neutered: Yes / No (circle one)**

Veterinarian's Name: _____

Owner / Handler Name: _____

Home Address: _____

City, State, Zip: _____

Phone Number: _____ **Email Address:** _____