



**Liability Agreement**

Please initial each line to indicate you have read and understood the information provided.

\_\_\_\_\_I understand and agree that in admitting my dog to the use of its facility, EQSW has relied on my representation that my dog is in good health and has not harmed or shown aggressive or threatening behavior towards any person or any other dog.

\_\_\_\_\_I understand and agree that the staff of EQSW is not engaged in the practice of veterinary medicine.

\_\_\_\_\_I understand and agree that EQSW, its staff and volunteers, will not be liable for any problems that arise out of my or my dog’s use of EQSW”S facilities and I hereby release them from liability of any kind whatsoever in regards to my dog(s) attendance and participation at EQSW.

\_\_\_\_\_I understand that I am solely responsible for any harm caused by my dog(s) while my dog is utilizing the facilities of EQSW. This includes any harm to persons and/or other dogs as well as to the physical property of EQSW.

\_\_\_\_\_I understand and agree that any problems that develop with my dog will be treated as deemed best by the staff and volunteers of EQSW, in their sole discretion. I assume full financial responsibility for any and all expenses involved including injuries to persons and/or dogs, and damages to the facility.

\_\_\_\_\_I understand that if an injury caused by my dog or to my dog will only be treated if it is considered to be of a serious nature as determined by EQSW staff in its sole discretion. In the event that treatment is administered, I accept full responsibility for the financial obligation of treatment to my dog and any dog injured as a result of my dog’s behavior.

\_\_\_\_\_I understand that I am responsible for paying 50% of the cost of a scheduled appointment if I cancel with less than 24 hour notice.

\_\_\_\_\_I understand and agree that there are inherent risks to me associated with the use of the EQSW facilities arising out of or associated with use and conditions, such as swimming, wet floors, exercise mats, agility equipment, and other dogs. In consideration for EQSW granting me permission to use these facilities, I agree to release EQSW from liability arising out of or associated with such use, and hereafter waive any and all claims which may arise out of or be associated with such permissive use of the EQSW facilities.

\_\_\_\_\_ I understand and agree that children must be under parental control at all times and that there are inherent risks for children associated with the use of the EQSW facilities arising out of or associated with use and conditions, such as swimming, wet floors, exercise mats, agility equipment, and other dogs. In consideration for EQSW granting me permission to use these facilities, I agree to release EQSW from liability arising out of or associated with such use, and hereafter waive any and all claims which may arise out of or be associated with such permissive use of the EQSW facilities.

I certify that I have read and understand this Agreement, and that the information set forth above is true and correct. I agree to accept all the terms, conditions and statements of this agreement, and any rules or regulations of EQSW.

Owner’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Accepted By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Equine Spa & Wellness Center, Inc.

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