

**Waiver of Liability and Hold Harmless Agreement**  
**Happy Tails Dog Training Center**  
**2451 S. Plaza Drive**  
**Rapid City, Sd 57702**



On behalf of myself, my heirs, executors, administrators and assignees: I hereby waive and release any and all rights and claims for damages which I may have against Happy Tails Dog Training Center, its Owner, Trainers, and Training Staff, as well as any others connected with this class or event, their heirs, executors, administrators, successors, and assignees for any and all injuries which I and/or any member of my family and/or friends, or my dog may suffer or cause while taking part in this event or as a result thereof.

I expressly assume the risk of any such damage or injury while attending any training sessions or other dog related functions while at Happy Tails Dog Training Center, or any location a class is held. I also understand that the degree to which a dog is successfully trained is a function of the interest, commitment, and cooperation of the owner. I acknowledge and agree that there is no guarantee that my dog will achieve the desired level of training, despite the best efforts of the instructor or instructors.

I understand that no training is without inherent risks regardless of the care taken by a professional canine trainer. Likewise, I know that when my dog is participating in any exercises, particularly those that induce cardio-vascular stress, there is a slight chance of serious injury (e.g., cardiovascular accident) or catastrophic incident (e.g., death, paralysis). Likewise, I know that engaging in muscular endurance, strength building, and other fitness activities sometimes results in minor injuries (e.g., bruises, musculoskeletal strains, and sprains), or less frequently, more serious injuries (e.g., muscle tears, herniated disks), and rarely, catastrophic injury (e.g., death, paralysis).

Signed on this day: \_\_\_\_\_ of the month of: \_\_\_\_\_ in the year of: \_\_\_\_\_

**Participant:**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone Number:

\_\_\_\_\_  
Email:

**Required Information:**

\_\_\_\_\_  
Dog's Name:

\_\_\_\_\_  
Breed:

\_\_\_\_\_  
Age: \_\_\_\_\_ Known Problems: \_\_\_\_\_

Proof of Vaccines Provided:  Yes  No