

SHILOH K9 OBEDIENCE TRAINING & BOARDING CENTER, LLC
Dog PERSONAL PROTECTION & SECURITY Training Liability Release,

Waiver, Discharge and Covenant Not to Sue

- CLIENT CONTRACT

[2020]

[Mid Michigan's Premier Location]

488 N Flajole Road, Linwood, Michigan 48634

[OWNER: David R. Dee] CALL: (989)-429-9138

Website: shilohk9obedience-training.com

Email: shilohk9otb@yahoo.com

This is a legally binding Release, Waiver, Discharge and Covenant Not to Sue (collectively, "Release"), made voluntarily by me, the undersigned Releasor, on my own behalf.

As the undersigned Releasor, I fully recognize that there are dangers and risks to which I may be exposed by participating in bite-work exercises with a dog that is trained to attack and to bite. I understand that engaging in bite-work with a dog that is trained to attack and bite carries the risk of injury to me. I acknowledge that it is possible that a bite-work trained dog may bite me in an unprotected area and cause me grievous injury. As the undersigned Releasor, I choose to participate in this activity despite the possible dangers and risks and despite this Release. I agree to assume and take on myself all of the risks and responsibilities in any way arising from or associated with the Activity, and I release SHILOH K9 OBEDIENCE TRAINING & BOARDING CENTER, LLC and its heirs from any and all claims, demands, suits, judgments, damages, actions and liabilities of every name and nature whatsoever, whenever occurring, whether known or unknown, contingent or fixed, at law or in equity, that I may suffer at any time arising from or in connection with the Activity, including any injury or harm to me, my death, or damage to my property (collectively "Liabilities"), and I agree to defend, indemnify, and save Releasees harmless from and against any and all Liabilities.

As the undersigned Releasor, I recognize that this Release means I am giving up, among other things, all rights to sue Releasees for injuries, damages or losses I may incur. I also understand that this Release binds my heirs, executors, administrators, legal representatives and assigns, as well as myself. I also affirm that I have adequate medical or health insurance to cover any medical assistance I may require.

I have read this entire Release. I fully understand the entire Release and acknowledge that I have had the opportunity to review this Release and I agree to be legally bound by the Release.

THIS IS A RELEASE OF YOUR RIGHTS.

READ CAREFULLY AND UNDERSTAND BEFORE SIGNING.

_____ (Releasor's Signature)

_____ (Print Name)

_____ (Date)