**RELEASE AND WAIVER**

**Release** – As part of the consideration for being allowed to participate in all activities at 37 Wolverton Road, Pittstown, New Jersey, the undersigned agrees that neither Cheryll Wilkes, Cheryll Wilkes d/b/a The Complete K-9, Kevin Nobile, or any employee agent or representative or any of their respective successors or assigned shall be liable for any loss, damage, injury or claim of any kind to person or property, (including canines), arising from or caused by participation by the undersigned participating in these activities, including without limitation, any loss, damage or claim arising from an accident or casualty involving the undersigned whether or not on or off the Representative’s property.

**Waiver and Indemnification** – The undersigned hereby waives all claims and demands against the Representatives and each of them for any loss, damage, injury, (including death), or claim of any kind arising from, related to or caused by participating by the undersigned in all activities at 37 Wolverton Road, Pittstown, New Jersey and agrees to indemnify, defend and hold harmless the Representatives from all loss, liability, damages, costs and expenses (including actual attorney’s fees) arising from or related to same.

This release and waiver has been carefully read by the undersigned and the contents of this document are understood by the undersigned. This release and waiver shall be effective for all activities in which I participate in. The undersigned freely executes this document.

IN WITNESS WHEREOF, the undersigned has executed this release and waiver on the date shown below.

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant or Parent/Legal Guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name – Please Print

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address