

**National Association of Canine Scent Work, LLC®**

**LIABILITY WAIVER**

**WAIVER OF LIABILITY AND INFORMED CONSENT**

I understand that the behavior of dogs cannot be guaranteed. I also understand that the behavior of domestic animals is sometimes unpredictable and that some domestic animals are capable of inflicting serious personal injury or death, as well as extensive property damage. Knowing the risks I agree to assume ALL those risks including, but not limited to; assuming the financial responsibility of any possible litigation arising from any incident in which I may be involved. I release, indemnify, and hold harmless Amy Herot, Jill-Marie O'Brien, K9 Nose Work®, National Association of Canine Scent Work, LLC®, Shamrock Pot of Gold K9 Scenter and Karin Damon, and their Employees, Officers, Directors, Agents, or Contractors from any and all damages or personal injury. Any incident involving myself, the location, or those pets or actions of other participants and spectators will be my sole responsibility and I assume all financial liability and will also assume all and any financial costs associated with my actions. (\_\_\_\_\_)

In addition to the above, I understand that participating in this event, even as a volunteer or spectator, holds some risk. My dog and I may be exposed to challenging, treacherous or unstable footing and accept all possible risks associated with participating or observing any type of detection style training or competition. I agree to hold harmless Amy Herot, Jill-Marie O'Brien, K9 Nose Work®, National Association of Canine Scent Work, LLC®, Shamrock Pot of Gold K9 Scenter, Karin Damon, and their Employees, Officers, Directors, Agents, or Contractors including, but not limited to, the event location's agents or owner and to accept responsibility for all litigation and financial obligations arising from any unforeseen event in which I may be involved. (\_\_\_\_\_)

I represent and affirm that to the best of my knowledge and belief: (1) I do not have COVID-19 nor am I waiting for test results; (2) I have not been tested and found positive for COVID-19 or if I have tested positive for COVID-19, I certify that I have been released by government officials and/or health care providers to resume normal activity without limit; (3) I have not during the past 14 days experienced symptoms associated with COVID-19 including fever, coughing, or shortness of breath; and (4) I have not within the past 14 days, to the best of my knowledge and belief, been in contact with or exposed to any known carrier of COVID-19. I am representing my condition as of signing, and if, as of the later time of the event, there has been any change in any of the conditions represented, I am obligated to formally notify the event host of the changed conditions at the time of and before participating in the event. I agree to follow any specific event guidelines, precautions and requirements to mitigate the possibility of event participants or attendees contracting or spreading COVID-19. I understand the risks of contracting or being exposed to COVID-19 associated with my attendance at this event, and I knowingly accept those risks. I agree to waive, release and hold harmless K9 Nose Work®, National Association of Canine Scent Work, LLC®, Amy Herot, Jill-Marie O'Brien, Shamrock Pot of Gold K9 Scenter, Karin Damon, the event location's agents or owners, and each of their respective employees, officers, directors, agents, or contractors from and against any claim, liability, loss or expense arising out of based upon a COVID-19 infection acquired by myself or any of my family members or associates as a result of or contemporaneous with attendance or participation at this event. (\_\_\_\_\_)

I have read, understand and agree to the above:

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Name of dogs at event location:

1) \_\_\_\_\_

**National Association of Canine Scent Work, LLC®**

**LIABILITY WAIVER**

2) \_\_\_\_\_

**Parental Consent:**

I am the lawful parent and/or legal guardian of the above named minor. I acknowledge that I have read and understand this Liability Waiver and that I and the above named minor will be bound by said Liability Waiver.

\_\_\_\_\_  
Name (Print)                          Date

\_\_\_\_\_  
Signature