

# NW Paws at Play Waiver

22415 S.E. 231st St (suite C) • Maple Valley, WA • 98038  
Phone: (425) 432-7877 • email: nwpaws@gmail.com

I agree to the following relative to my dogs' activities at NW Paws at Play.

1. I agree that my dog is current with the following vaccinations: Rabies, DHLPP, and Bordatella (required every year. I further understand that even if my dog is vaccinated for Bordatella (Kennel Cough) there is a chance that my dog can still contract Kennel Cough. I agree that I will not hold NW Paws at Play responsible if my dog contracts Kennel Cough.
2. I, (or my homeowners insurance), will be responsible for any injury (i.e. dog bites or scratches requiring medical attention) to NW Paws at Play principals, employees, agents, or representatives, due to my dogs' actions.
3. I agree that if my dog is the cause of any injury or death to another animal or the cause of damage to the property at 22415 S.E. 231st St • Maple Valley, WA 98038, I shall be fully legally responsible for the cost of any such injury, death, or damage. I agree to fully indemnify NW Paws at Play, its principals, employees, agents, volunteers, representatives, successors, and assigns for any costs, losses, or legal expenses incurred in the defense of any personal injury or any other claims, including claims for negligence, brought by myself or a third party arising from or related to my actions or the actions of my dog while on the premises or in the custody of NW Paws at Play. I have read this paragraph and understand the consequences of any aggressive/destructive behaviors of my dog.
4. I certify that my dog has had no communicable illness with in the last 30 days.

I certify that I have read and understand the rules and regulations set forth on the preceding pages and that I have read and understand this agreement. I agree to abide by the rules and regulations and accept all the terms, conditions, and statements of this agreement.

Date: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Printed name: \_\_\_\_\_

Date: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Printed name: \_\_\_\_\_

Date: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Printed name: \_\_\_\_\_