

## **Bag of Bones Barkery Puppy Playtime Liability and Photo Release/Waiver**

By signing this waiver, I knowingly and willingly volunteer my dog(s) to participate in puppy playtime and fully release Bag of Bones Barkery as well as its trainers, staff and/or landlords and/or property owners from any and all liability should me, my family, my friends and/or my dog(s) become injured during puppy playtime activities.

I understand that due to the nature of the way dogs interact, me, my family, my friends and/or my dog(s) may be scratched, bitten, knocked down, jumped on and/or injured while interacting with my own or others' dog(s) during puppy playtime – even when carefully supervised – and that Bag of Bones Barkery and/or its trainers, staff and/or landlords and/or property owners are not responsible for such actions and/or circumstances.

I agree to supervise my dog(s) and my family, friends and guests during puppy playtime and understand that I am ultimately responsible for their behavior while engaged in activities at Bag of Bones Barkery. Further, I acknowledge that I am responsible for any damage caused by myself, my friends/family and/or my dog(s).

I understand that during puppy playtime, Bag of Bones Barkery and/or its business partners may take photographs, videos and/or recordings of any and all participants in puppy playtime at any time and for any reason. My participation in puppy playtime represents permission to use any/all photos, videos and/or recordings in which me, my family/friends and/or my dog(s) may appear in any promotional method deemed fit by Bag of Bones Barkery, its trainers or staff.

I am aware that I must provide valid, up-to-date vaccination records in order for my dog(s) to participate in any/all training activities at Bag of Bones Barkery, including puppy playtime. I know it is ultimately the trainer's decision whether to allow my dog(s) to participate in puppy playtime based on vaccine records, temperament etc, and I agree to abide by that decision and to provide additional vet/medical information if requested.

X \_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Printed Name of Participant