

Waiver and Assumption of Risk

I, _____, voluntarily sign this waiver and assumption of risk in favor of Fido Fitness of 2733 and 2737 Shenandoah Avenue Northwest, City of Roanoke, State of Virginia, in consideration for the opportunity to use the owner 's facilities and/or the opportunity to receive instruction from the owner or the owner 's employees, and/or to engage in the activities sponsored by the owner, as follows:

- Dog daycare, dog play groups, dog socialization/"yappy hours," and/or dog training;
- Canine fitness exercises, use of canine fitness equipment and mental puzzles/games;
- Dog sport training including, but not limited to: Flyball, Barn Hunt, Agility, Nosework, Rally, and Obedience;
- Self-serve dog bathing and grooming services; and/or
- Sport trials and/or competitions.

I understand that there are certain risks and dangers associated with the activity and use of the facilities and that these risks have been fully explained to me. I fully understand the danger involved.

I fully assume the risks involved as acceptable to me and I agree to use my best judgment in undertaking these activities and follow all safety instructions.

I waive and release the owner from any claim for personal injury, property damage, or death that may arise from my use of the facilities or from my participation in the activities or instruction.

I am a competent adult and I assume these risks of my own free will.

Dated _____, 20__

Signature of Customer

Printed Name of Customer

Health Certification

Fido Fitness
2737 Shenandoah Ave NW
Roanoke, VA 24017

Owner's Name: _____

Dog's Name: _____

I, _____, owner of _____,

hereby warrant that my dog is on _____ (flea
treatment), and I will provide my receipt or box upon request if asked.

The dog's last fecal exam was _____ and the result was **POSITIVE**
NEGATIVE

At the following clinic: _____

With (your Veterinarian): _____

Signature: _____

Printed Name: _____

Date: _____