

Dog/Handler Release Form

I have registered to participate in the Good Samaritan Caring Canines program, which is sponsored by Good Samaritan Medical Center (GSMC). This program and any other GSMC sponsored event I may attend are subject to this release.

In consideration of participating in a Good Samaritan Caring Canines event, I make the following statements, representations and promises:

1. I am the guardian of ~~the dog who will~~ participate in the GSMC Caring Canines program/event mentioned above.
2. I understand that other dogs may attend the above event or any future event, and that during this time my dog may come into direct contact with these dogs along with all other participants.
3. Prior to attending the GSMC Caring Canines program/event, I understand that my dog should be fully vaccinated for rabies and other infectious canine diseases as recommended by personal veterinarians. I also hereby state that my dog is a current member of one of GSMC's accepted therapy dog registration organizations (Alliance of Therapy Dogs, Pet Partners or Therapy Dogs International).
4. In view of the fact that my dog may come into contact with other dogs during this or any future event, I am aware that my dog may be exposed to infectious canine diseases. However, since GSMC has advised me that the dog should be vaccinated before attending the event, I alone assume responsibility for any such exposure.
5. I am aware that given the sometimes-unpredictable nature of dogs, an interaction could take place between animals in the event that may result in injury to my dog or me. However, for my dog to participate in the program/event, I alone assume responsibility for any such injury.
6. As to GSMC (including its officers, directors, staff, employees and volunteers), I hereby waive and release my actions, causes of actions, damages, rights, claims or lawsuits which I may have for (a) any and all personal property or property damages which I may sustain arising out of any interaction between dogs and those persons participating in the dog program/event; and (b) any and all injury, illness or disease sustained by my dog arising out of or stemming from its participation in the dog program/event.
7. I have read and understand this Dog/Handler Release Form and I will honor and abide by the terms and conditions set forth above.

Date _____ Signature of Guardian _____

Dogs Name _____ Printed Name of Guardian _____