

MUSKEGON AREA DISTRICT LIBRARY (MADL)
RELEASE & WAIVER – THERAPY DOG PROGRAM

RESPONSIBLE PARTY (PARTICIPANT):

Name: _____

Address: _____

Date of Birth: _____ (Age) _____

MADL Library Card Number: _____

E-Mail Address: _____ Phone Number: _____

The Muskegon Area District Library (MADL) is engaged in and offers a coordinated dog therapy program with Therapy Dogs International (TDI) whereby TDI appears with one or more clean and trained therapy dogs and a TDI certified volunteer dog handler(s) for a pre-scheduled visitation program conducted at one or more of MADL's branches.

As a condition to participation in the program this release and waiver must be read, understood and signed by the responsible MADL cardholder/participant prior to attending.

As the undersigned Participant over the age of eighteen (18) years old, I, for myself and any child for which I am the parent or guardian attending the program recognize and understand that there are inherent dangers and risks to which I may be exposed in attending the program. These dangers include but are not limited to the dog possibly jumping up, getting under your feet, knocking you over, biting or scratching, parasites, and allergic reactions or the aggravation of other health issues. Although both therapy dog and volunteer handler have been trained for this program/activity, interaction with these therapy dogs are at the assumed risk of the Participant. I represent that I am fully aware of these dangers, and other dangers not necessarily stated here, and hereby fully assume these risks and responsibilities in any way arising from or associated with this activity.

I FURTHER RELEASE (for myself, my representatives, heirs and assigns), MADL, including their respective governing boards, directors, employees, members, volunteers and contractors, from any and all claims, demands, suits, judgments, damages, actions and liabilities of every nature whatsoever that I may suffer at any time arising from or in connection with this program/activity. This release extends to any injury or harm to me, my death, or damage to my property and I agree to defend, indemnify, and save harmless MADL from and against any and all liabilities.

I HAVE READ AND UNDERSTOOD AND AGREE TO THE ABOVE STATED TERMS this _____ day of _____, 202__.

Signature of Responsible Party (must be over 18)

List of Participants under the age of 18 that Responsible Party is responsible for:

Names & Ages: _____