



SHOTS & MEDICATION

Liability Release, Acknowledgement and Waiver Form

With my signature below, I understand, acknowledge and agree that:

- I am aware of the use of the facilities and the services involve risks including, but not limited to, the risk of bodily injury or death
- I have read the terms of the Master Boarding Agreement and adhere to it's terms and conditions of my own free will
- I have asked A-Round of A-Paws to administrator medication & shots as instructed by my Vet and I assume all risks associated therewith.

On behalf of myself, my personal representatives, successors and assigns, I hereby discharge A-Round of A-Paws Resort and its affiliates, subsidiaries', employees, agents, landlords, representatives, successors and assigns from any and all claims or cause of actions arising out of or relating to my use of the facilities and services, including but not limited to , those resulting from bodily injury, death, or the theft, loss or damage of property, whether or not caused by negligence or other fault of the parties being release, and I hereby waive the protection afforded by any

statute or law in any jurisdiction whose purpose, substance and/or effect is to provide that a general release shall not extend to such claims. I further agree, on behalf of myself and heirs, executors and administrators, to indemnify, defend and hold harmless A-Round of A-Paws Resort and its affiliates, subsidiaries', employees, agents, landlords, representatives', successors and assigns from and against any and all claims, causes of action, damages to or destruction of any property arising out of our control related to my use of the services and facilities. I understand

Pet Parent Name: _____

Pet Parent Signature: _____ **Date:** _____

