## PET WAIVER FOR THE UNIVERSITY OF SCRANTON PET THERAPY-CANINES ON CAMPUS

I wish to bring my pet(s) to The University of Scranton Pet Therapy – Canines on Campus (hereafter referred to as the "Pet Therapy").

I agree to the following: I acknowledge that my pet is up-to-date on all age-appropriate vaccinations, including kennel cough, is not of an aggressive nature, is not in heat and, to the best of my knowledge, is free from any contagious diseases or conditions that would make it a danger to any participant, spectator, or any other pet.

Without exception, I accept full financial responsibility for any damage(s) to persons or properties as a result of my pet's actions at the Pet Therapy.

I also understand that The University of Scranton, its employees, officers, volunteers and representatives responsible for Pet Therapy 2017 reserves the right to refuse admittance to any unruly, aggressive, unsuitable or blatantly ill pets. In addition, I also know that my pet may be asked to leave the Pet Therapy if it displays behaviors that are deemed to be disruptive or dangerous.

I understand and agree that I am the only one responsible for my pet and I agree to indemnify and hold harmless The University of Scranton, its trustees, officers, agents, employees, and any student organizers of and from any liability resulting from my pet's attendance at the Pet Therapy.

I have read this entire Release, I fully understand it, I am at least eighteen (18) years of age and fully competent; and if I am not 18 years of age, my parent or legal guardian has signed this release on my behalf and I agree to be legally bound by it.

Event: The University of Scranton Pet Therapy-Canines on Campus		Date of Event: September 26, 2017		
Print N	ame of Participant:			
			Participant/Parent Signature (	if under 18 years of age)
Addres	s:			
City:			State: Zip:	
E-mail:			Phone:	
	Pet Name	Age	Closest Breed	Please check if Vaccinations are Current
Pet 1				
Pet 2				
Pet 3				
Pet 4				