



335 South Valley Drive
Las Cruces, NM 88005
DockDivingLC@gmail.com

AGREEMENT & RELEASE:

I am the owner or the responsible party of (list dog(s) name):

And acknowledge that I voluntarily have allowed my dog(s) to use the facilities at Las Cruces Dock Diving & K9 Event Center. This agreement is made between Las Cruces Dock Diving & K9 Event Center and the under-signed client, who has read and understands the rules and regulations and makes the following acknowledgements and agrees to the following terms.

I agree that in admitting my dog(s) to Las Cruces Dock Diving & K9 Event Center, it is my representation that my dog(s) is/are in appropriate health and have no signs of contagious diseases/infections or internal/external parasites including but not limited to fleas, ticks, roundworm, etc. Las Cruces Dock Diving & K9 Event Center has the right to refuse any dog that does not meet the health requirements.

I agree to indemnify and hold harmless Las Cruces Dock Diving & K9 Event Center in the event that my dog(s) causes harm to a person or another dog(s) while in the care of Las Cruces Dock Diving & K9 Event Center. Las Cruces Dock Diving & K9 Event Center has the right to refuse any dog that does not meet temperament requirements.

By signing this release of liability and allowing my dog(s) to use the pool, I hereby fully and forever release, indemnify, and discharge Las Cruces Dock Diving & K9 Event Center LLC, their, employees and agents from any claims, demands, damages, rights of action or causes of action present or future, whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of my dog(s)'s use or intended use of the pool.

I fully and forever release and discharge Las Cruces Dock Diving & K9 Event Center, LLC, and their employees and agents from any and all negligent acts and omissions in the same.

I have carefully read this release of liability, I understand it, and fully agree with its contents.

DO NOT SIGN IF YOU DO NOT UNDERSTAND OR DO NOT AGREE WITH THESE TERMS.

Name: _____

Address: _____

City _____ State _____ Zip _____

Email: _____ Phone: (____) _____

Signature: _____ Date: ____/____/____