Annual Dog Event Liability Waiver & Release

Industrious Dog LLC DBA Wiggle Zone Doggy Daycare

Effective Date: [Insert Date]

Valid for: One (1) year from the date of signature

1. Agreement to Participate & Assumption of Risk

By signing this waiver, I acknowledge that I am voluntarily participating in events hosted by Industrious Dog LLC DBA Wiggle Zone Doggy Daycare (the "Company"), including but not limited to dog yoga, massage, sound baths, themed parties, training sessions, and other pet-related activities (the "Events").

I understand that bringing a dog to an event carries inherent risks, including but not limited to:

Injury to myself, my pet, or others due to dog behavior, including biting, jumping, and scratching.

Interactions between unfamiliar dogs that may lead to fights, injuries, or stress.

Trip hazards, allergic reactions, or other environmental risks at the venue.

I voluntarily assume all risks associated with attending these events and bringing my pet.

2. Release of Liability

To the fullest extent permitted by law, I, on behalf of myself, my heirs, and assigns, waive, release, and discharge Industrious Dog LLC DBA Wiggle Zone Doggy Daycare, its owners, employees, agents, event sponsors, and affiliates from any and all claims, liabilities, damages, costs, or expenses, including medical and veterinary expenses, arising out of or related to:

Injury or harm to myself, my dog, or others during or after the event.

Property damage caused by my dog to the venue, other attendees, or third parties.

The actions of any dog at the event, including fights, bites, or behavioral issues.

I understand that Industrious Dog LLC DBA Wiggle Zone Doggy Daycare does not assume responsibility for any loss, damage, or injury that may occur at or after the event.

3. Responsibility for Dog Behavior

I acknowledge that I am fully responsible for the behavior and actions of my dog at all times. I agree to bring a leash to events where required and properly manage my dog's behavior. If my dog displays aggression or excessive stress, I will remove them from the event.

I understand that failure to control my dog may result in removal from the event without refund.

4. Emergency Medical Care

If my dog or another pet is injured at the event, I authorize Industrious Dog LLC DBA Wiggle Zone Doggy Daycare to seek emergency veterinary care if I am unavailable.

I understand that I am responsible for all veterinary expenses if my dog requires medical treatment. If my dog injures another pet or person, I am financially responsible for any resulting medical or veterinary costs.

5. Indemnification Clause

I agree to hold harmless and indemnify Industrious Dog LLC DBA Wiggle Zone Doggy Daycare, its owners, employees, volunteers, and sponsors against any claims, lawsuits, damages, or expenses, including attorney fees, arising from my participation in events or my dog's actions, injuries, or damages caused to others.

6. Photography & Media Release

I grant permission to Industrious Dog LLC DBA Wiggle Zone Doggy Daycare to take photographs or videos of myself and my pet during events. These images may be used for marketing, social media, promotional materials, or website content.

If I wish to opt out, I will notify the Company in writing.

7. Duration & Applicability of this Waiver

This waiver is valid for one (1) year from the date of signing. This waiver applies to all events hosted by Industrious Dog LLC DBA Wiggle Zone Doggy Daycare within that time frame. I understand that I do not need to sign a new waiver for each individual event.

8. Governing Law & Jurisdiction

This agreement shall be governed by and interpreted under the laws of the State of Arizona. Any disputes shall be resolved exclusively in the courts of Maricopa County, Arizona.

9. Acknowledgment & Signature

I have read and understand this waiver in its entirety. I voluntarily agree to its terms and acknowledge that by signing below, I am legally bound to this agreement.

Participant Name: _____

Dog's Name(s): _____

Email: _____

Phone Number: _____

Signature: _____

Date: _____