## Waiver of Liability and Photo Release

Name of Handler (please print):					
Name of Dog:	Age:	Breed:			
I understand that participating in dog of my family, guests who may attend and being handled with the greatest the unexpected may occur. By signin there is always some risk of injury wh behavioral issues who may be hard t	d, or my dog, care and fore g below you a hen working w	because despite all dogs esight, dogs are not alwa are stating that you have	appearing ays predicta e been info	healthy ble and rmed th	•
I hereby waive and release the Capital and agents from any and all liability of dog may suffer, including specifically from the action of any dog, including injury while attending any training securounding areas.	or claims of a , but without g my own. I ex	ny nature, for injury or o limitations, any injury o pressly assume the risk	damage whi or damage r of such dar	ich I or r esulting nage or	ny S
I understand and agree that results or limited to breed of dog, age of dog, p the training.	_			_	
Signature for Waiver of Liability:					
Signature:		[	Date:	<del> </del>	
VACCINATIONS: Dogs and pupp NE State law. Vaccinations agains administered on the schedule rec	st disptempe	er, parvovirus and bord	-		per
I hereby grant permission to Capital photographs or digital images of me, the Capital Humane Society to use places may be used as photos, with media, and/or on the shelter website	, my dog, my hotos taken d or without yo	family members and/or uring class as printed or	my guests. r digital ima	I autho ges.	rize
I grant the Capital Humane Society p	ermission to	take and use photos. (Ci	ircle one.)	YES	NO
Signature for Photo Consent and Rel	ease:				
Signature:		[	Date:		