



**Town & Country Animal Care Center & Training  
Accident / Injury Release Waiver**

**You may fax or mail this form with proof of vaccination required prior to beginning of class.  
2010 N. Salem St., Apex, NC 27523 | Fax: 919.363.5077 | Phone:919.387.7833**

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**If you have already participated in a class this year, you do not need to fill out this waiver.  
We need only one waiver filled out per calendar year.**

Owner's Name: \_\_\_\_\_

Dog's Name: \_\_\_\_\_

Class: \_\_\_\_\_

Date: \_\_\_\_\_

I, the undersigned, recognize, acknowledge, understand and agree that dog training or a practice session is not without the risk of harm, injury or damage to myself, members of my family, my guests and others who may be in attendance, or my dog. Because some of the dogs, including my own, to which I (we) will be exposed may be difficult to control and cause injury or damage even when managed and handled with the greatest amount of care.

In consideration of and as an inducement to the acceptance of my application for training my dog (s) and /or me, I hereby agree to indemnify and hold harmless Town and Country Animal Care Center, employees and agents for any and all claims made by me or any member of my family or any other person while on the grounds or surrounding area thereto as a result of any action by any dog, including my own, or for any other reason.

I hereby discharge and release Town and Country , its employees and agents, of and from all liability, actions, causes of action, suites, accounts, contracts, damages and any and all claims, demands from action, conduct or behavior of my dog or any other dog.

**Signature of Owner or Authorized Agent** (Parent / Guardian must sign for Minors)

**Date** \_\_\_\_\_