



LIABILITY WAIVER for OFF-LEASH PUPPY or DOG SOCIAL HOURS

(Please initial each paragraph and sign at the bottom)

\_\_\_\_ I, the undersigned acknowledge that whenever dogs get together, off leash, for socialization there are inherent risks including, but not limited to, fights and bites to humans and other dogs, as well as being knocked over by running dogs. I accept these risks and agree to hold harmless and indemnify Seven Cedars Dog Training for any and all outcomes of off leash socialization. Furthermore, I understand that I am responsible for any and all veterinary or medical care needed should an incident occur, regardless of which dog appears to have caused the incident.

\_\_\_\_ I understand that my dog will be supervised while at play but that fights, and bites may still occur.

\_\_\_\_ I understand that in the event of an altercation, Seven Cedars Dog Training will exert all reasonable efforts to diffuse dog-dog tensions using the least invasive, and minimally aversive (LIMA) techniques. Specifically, dog tension, altercations, and/or fights may be interrupted with voice, a water spray bottle, water hose, "wheelbarrow" grasping and lifting of dog's hind quarters, air horn, citronella spray, and/or a bite stick for "grab and holds". I accept that these methods may be used to diffuse dog-dog altercations and accept responsibility for the consequences, veterinary and otherwise, of the use of these techniques.

\_\_\_\_ I understand that if my dog weighs less than 30 pounds and is playing with large dogs, the inherent risk of off-leash socialization to your dog is greater than if all dogs are size-matched.

\_\_\_\_ If I have knowledge that my dog has ever bitten another dog, I have disclosed this information to Seven Cedars Dog Training.

\_\_\_\_ I understand it is possible, though unlikely, that an off-leash dog may bite me or anyone I bring onto the property and I accept that risk and agree to hold harmless and indemnify Seven Cedars Dog Training should that occur.

Client named printed \_\_\_\_\_

Client signature \_\_\_\_\_ Date \_\_\_\_\_

**MAUREEN FITZPATRICK CTC**  
CERTIFIED TRAINER AND COUNSELOR