



Waiver Open Playground



Name: _____

Address: _____

City: _____ St: _____ Zip: _____

Phone: _____ E-Mail: _____

Pets Name: _____

Breed: _____ Sex _____ Age: _____ Weight: _____

Is your pet Current of Vaccinations? (Circle one) Yes No

Vet's Name _____

I warrant that my dog is current with the vaccinations required by law, and that my dog is healthy to the best of my knowledge.

I agree that participating in the activities on the PLAYCARE STUDIO is not without risk to my dog, my family, my guests, or myself. I have read and understand the rules of the PlayGround. I further understand that I am responsible for the control of my pet and my children.

I understand that my dog, my guests, or myself may be video taped or photographed and that these images become the property of BARK PLACE INC. I agree to release, hold harmless, acquit, will indemnify and forever discharge the corporation from all, and in all manner of action and actions, suits, damages, judgments, executions, claims, and demands whatsoever, in law or in equity, which I or any other person I have with me at the PLAYCARE STUDIO.

Signed: _____ Date: _____