



## K9 Aquatic and Wellness Center

12948 Travilah Road

Potomac, MD 20854

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### AGREEMENT AND RELEASE

I am the owner or the responsible party of \_\_\_\_\_  
name(s) of the dog(s)

And acknowledge that I voluntarily have allowed my dog(s) to use the swimming facilities at the K9 Aquatic and Wellness Center.

This agreement is made between K9 Aquatic and Wellness Center and the undersigned client, who has read and understands the rules and regulations and makes the following acknowledgements and agrees to the following terms.

I agree that in admitting my dog(s) to K9 Aquatic and Wellness Center, it is my representation that my dog(s) is/are in appropriate health and have no signs of contagious diseases/infections or internal/external parasites including but not limited to fleas, ticks, roundworm, etc. K9 Aquatic and Wellness Center has the right to refuse any dog that does not meet the health requirements.

I agree to indemnify and hold harmless K9 Aquatic and Wellness Center in the event that my dog(s) causes harm to a person or another dog(s) while in the care of K9 Aquatic and Wellness Center. K9 Aquatic and Wellness Center has the right to refuse any pet that does not meet temperament requirements. I am aware my dog presents with the following behavior issues: (circle all that apply) aggression toward: Other Dogs  
People Other Animals.

By signing this release of liability and allowing my dog(s) to use the pool, I hereby fully and forever release, indemnify, and discharge K9 Aquatic Center, LLC, their, employees and agents from any claims, demands, damages, rights of action or causes of action present or future, whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of my dog(s)'s use or intended use of the pool.

I fully and forever release and discharge K9 Aquatic Centre, LLC, and their employees and agents from any and all negligent acts and omissions in the same.

I have carefully read this release of liability, I understand it, and fully agree with its contents.

DO NOT SIGN IF YOU DO NOT UNDERSTAND OR DO NOT AGREE WITH THESE TERMS.

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

Signature: \_\_\_\_\_