



## ASSUMPTION OF RISK AND RELEASE OF CLAIMS

I wish to bring my dog to HuntsvilleWest. I have read HuntsvilleWest's Code of Conduct and agree to comply with the established policies for *Coworking with Dogs*. I understand that I am responsible for my dog while at HuntsvilleWest. I will provide proper supervision and control of my dog to ensure its health and safety while on-site. I understand that I will be solely responsible for my dog.

I understand and acknowledge that exposing my dog to the work environment presents the potential for death, serious injury, and property loss. The risks include but are not limited to those caused by terrain, facilities, equipment, weather, vehicular traffic, and the actions of others, including but not limited to coworkers, guests, and other dogs. I appreciate the character of the risk involved and on behalf of my dog I voluntarily assume all risk of possible harm or injury.

In consideration of being permitted to bring my dog to the HuntsvilleWest, I hereby WAIVE, FULLY RELEASE, DISCHARGE and agree to INDEMNIFY, DEFEND AND HOLD HARMLESS HuntsvilleWest and West Huntsville, LLC, its directors, employees, officers, owners, agents, members or guests from any loss, damage, liability and expense, including court costs and reasonable attorney fees, that may be incurred as a result of injuries, including death to persons or dogs, or damage to property, directly or indirectly associated with the bringing my dog to the HuntsvilleWest, whether caused by the negligence of other staff, members, guests or pets, or otherwise.

BY SIGNING THIS RELEASE, I EXPRESSLY ACKNOWLEDGE AND REPRESENT that I have carefully read the foregoing, understand the contents thereof and sign voluntarily; being at least eighteen (18) years of age and fully competent; I execute this Authorization and Release intending that me, my spouse and family members, and my heirs, assigns and personal representatives if deceased, be legally bound by same.

### DOG INFORMATION

NAME \_\_\_\_\_  
WEIGHT \_\_\_\_\_

BREED \_\_\_\_\_  
AGE \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

NAME \_\_\_\_\_  
EMAIL \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_  
PHONE \_\_\_\_\_

### MEMBER SIGNATURE

\_\_\_\_\_  
MEMBER NAME (PRINT) \_\_\_\_\_

\_\_\_\_\_  
DATE \_\_\_\_\_