

City of Kenai Library Reading Dogs

RELEASE OF LIABILITY, HOLD HARMLESS, AND INDEMNITY AGREEMENT

For and in exchange for me, and or my child being allowed to participate with the City of Kenai Library Reading Dogs Program I, _____ (print name), hereby agree to defend, indemnify, and hold harmless and to fully and forever release, discharge, and exonerate the City of Kenai, its employees, officers, directors, volunteers, agents, successors, assigns, and all others acting on its behalf (the City) from any and all claims, demands, actions, lawsuits, and controversies of every kind and nature for any and all injuries, death, damages, and/or losses of every kind and nature arising directly or indirectly out of or related in any way to the Reading Dogs Program at the Kenai Library. This Release extends to all such injuries, death, damages, and/or losses whether presently known or unknown, suspected or unsuspected, or disclosed or undisclosed.

I understand that the City makes no representations whatsoever as to the past history of the Animals and whether the Animals are safe. My and or my child's participation in the Reading Dogs Program may result in severe bodily injury, illness (including zoonotic disease), death, and/or property damage of all kinds. These risks are associated with the unpredictable nature of the Animals. ***I recognize and accept all risks associated with, arising out of, or relating to exposure and contact with the Animals and unpredictable Animal behavior.***

It is my express intent that this Release of Liability, Hold Harmless, and Indemnity Agreement shall bind myself, the members of my family, and my heirs, assigns, agents, administrators, personal representative(s), and next of kin and that this Agreement shall be deemed to be a release, a waiver, a discharge of liability of the City, a hold harmless agreement, an indemnity agreement, and a covenant not to sue the City.

I understand that by signing this Agreement I am giving up substantial legal rights and/or remedies which may otherwise be available to me and to my family.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THE ABOVE.

Participant Signature Date

Parent or Legal Guardian Signature for Participants less than 18 Years of Age Date

Printed Name	
Full Address	
Phone Number	
Date of Birth	
Parent/Guardian Printed Name	