

Release Form

Dog's Name: _____ Breed: _____

Color: _____ ☐ Male ☐ Female ☐ Altered

I certify that I am the owner of the above named dog.

I hereby grant permission to *Dog Day Afternoon, LLC* to act on my behalf, and in my dog's best interest, by obtaining veterinary care at my expense, if deemed necessary, for illness or injury. I further agree to pay for all veterinary and other necessary services incurred by and for my dog during its stay in the *Dog Day Afternoon, LLC* facility.

I agree that *Dog Day Afternoon, LLC* will exercise all due and reasonable care to prevent injury or illness to my dog. However, in the event of illness or injury, I shall not hold *Dog Day Afternoon, LLC* or its employees liable for such injury or illness.

Furthermore, I acknowledge that, for playing time, my dog will be loose among other dogs, and despite all care and caution used by *Dog Day Afternoon, LLC* in coordinating such play times, bites or even fights may still occur.

I agree to pay all charges at the time of pick-up, and I understand that my dog may not leave the premises until all charges are paid in full.

Signature: _____

Owner's Name: _____ Date / /

DOG DAY AFTERNOON PHOTO RELEASE FORM

I hereby grant Dog Day Afternoon permission to use my & my dog's likeness in a photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration.

I hereby irrevocably authorize the Dog Day Afternoon to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my and/or my dog's likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo.

I HAVE READ AND UNDERSTAND THE ABOVE PHOTO RELEASE. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE.

Print Name

Signature

Date