



## **WAIVER, RELEASE OF LIABILITY, INDEMNITY AND CONSENT TO USE AND RELEASE INFORMATION**

Leader Dogs for the Blind, a Michigan non-profit corporation (hereinafter referred to as "Leader Dog"), having agreed to provide to the undersigned applicant/client/participant an evaluation or training for Leader Dog programs to include guide dog training, or orientation and mobility (O&M) training. It is understood that the guide dog and O&M instruction is provided at no charge to the undersigned. The applicant/client/participant, his/her heirs, personal representatives, next of kin or parent/guardian if signing on behalf of a minor child or ward, by these presences, does:

Release and discharge Leader Dog, its successors, assigns, employees, officers, directors and volunteers, and each of them, from any and all liability for claims and demands arising from any and all damages resulting from any injuries, personal or otherwise, and from all manner, causes of action, suits, debts, demands, claims of any kind or character and description whatsoever, which applicant/client/participant, his/her heirs, personal representatives, next of kin, or assigns might have had, might now have or might in the future have or claim to have against Leader Dog, including, but not limited to, any damages or injuries which said guide dog may cause to happen, or events which may occur as a result of any and all acts of said guide dog. Applicant/client/participant further agrees to indemnify and hold harmless Leader Dog from any and all claims of any kind raised or held by others arising out of actions of training or said guide dog.

I understand that my participation, use of, completion and/or training (or that of my child or ward) may be terminated by Leader Dog if it is determined that the skills required to participate, use, complete or be evaluated for such participation or use are in any way insufficient, or personal safety and wellbeing are compromised. In the event of training or evaluation termination by Leader Dog staff, applicant/client/participant may receive suggestions and assistance intended to improve or gain the necessary skills that may allow training or evaluation to be resumed in the future.

I acknowledge the existence and the need for rules and regulations governing any participation, use of, completion and/or training. I agree for myself or on behalf of my child or ward to comply with those rules and regulations as Leader Dog deems necessary.

I hereby give my consent and authorization on my behalf or on behalf of my child or ward, as the case may be, without reservation to the keeper of my (self, my child's or ward's, as applicable) medical, educational or vocational records, or any other records deemed necessary to provide and deliver copies thereof to Leader Dog.

I further authorize Leader Dogs to release, in a medical emergency or otherwise, to transmit and otherwise disseminate any and all such records and information to all persons or institutions which may request the same or to which Leader Dog shall in its sole discretion, determine to be in the best interest of the applicant/client/participant. I agree to hold Leader Dog harmless from any and all claims of whatsoever kind or nature that may be accrued or attached as a result of the sharing of such information with any third party.

The applicant/client/participant states that this Agreement has been read and explained to the undersigned in full, and the undersigned is in full agreement with same.

Dated: \_\_\_\_\_

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

Applicant / Client / Participant / Parent / Guardian

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Name of Child or Ward if Applicable

**\*Below notary must be completed for minors (under the age of 18 years old)**

STATE OF \_\_\_\_\_)

COUNTY OF \_\_\_\_\_)

The foregoing instrument was subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, who is personally known to me or produced \_\_\_\_\_ as identification, and who acknowledged before me that s/he executed the same freely and voluntarily for the purposes therein expressed.

\_\_\_\_\_  
Notary

\_\_\_\_\_ County, \_\_\_\_\_

Acting in \_\_\_\_\_ County \_\_\_\_\_

My commission expires: \_\_\_\_\_

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