

NORTHERN MICHIGAN K-9 INC.

Release of Liability

I, _____ (Name)

Of the _____ (Dept)

Voluntarily and in consideration of allowing participation in Canine Training, Do hereby release Northern Michigan K-9 Inc. And it's board, and each and all of their elected and appointed officials, employees, volunteers, representatives and agents, all members of staff, and all owners / operators of properties used as training sites during the course of training , from all liability, loss, costs, claims, or damages whatsoever, arising from their negligence which may be imposed upon them because of the participation of the undersigned in this activity.

This waiver binds the undersigned and his or her heirs, executors and assigns.

I hereby agree that I will be totally responsible for my actions, damages, and / or Injuries which may occur to myself, my canine, citizens, and / or property before, during, or after Canine Training or Canine Deployment.

I understand that some training exercises may be physically demanding and / or Dangerous, and could result in physical duress or injuries.

I understand that if I am attending a training course at Northern Michigan K-9 Inc., that I have no authority to work my canine until all training has been completed at Northern Michigan K-9 Inc., and I have successfully graduated the course.

I understand that my conduct represents Myself, my Department, and Northern Michigan K-9 Inc., at all times, whether training or not.

Inappropriate or unprofessional behavior may result in expulsion from NMK9 program.

Northern Michigan K-9 Inc. strongly recommends that Police Dogs be housed outside in a kennel for duty life of dog. Dogs living as house pets will suffer in work performance.

Northern Michigan K-9 strongly recommends all departments carry veterinary and life insurance policies on police dogs.

Department assumes all Legal and Financial Responsibility of canine upon initial possession of canine.

Invoices are due upon receipt and must be Paid in Full before canine can leave NMK9 Inc. Facility.

Handler Signature _____ Date _____

Print Name _____

Supervisor Signature _____ Date _____

Print Name _____

PLEASE FILL OUT AND RETURN TO NORTHERN MICHIGAN K9, INC. 1820 SOUTH COOLIDGE AVENUE HARRISON, MICHIGAN 48625 OR FAX TO (989) 539-1600 (9a-9p), PRIOR TO START OF CLASS. Thank you

We respectfully request that Spouses/S.O.'s and/or children not attend