

Power Paws Assistance Dogs

1201 N. 85th Pl. Ste. B101~ Scottsdale, AZ 85257
Phone 480-970-1322 ~ Fax 480-947-3090
www.azpowerpaws.org

Puppy Petter Application

Please Print:

Last Name _____ First Name _____

Children's Names _____

Address _____

City, State, Zip _____ Email Address _____

Home Phone _____ Work Phone _____ May we call you at work? Y N

Please list someone we can call in case of an emergency:

Name _____

Address _____

Phone _____

Puppy Petter Applicant Agreement

In anticipation that you are accepted into the Power Paws Puppy Petter Program, please read and sign the agreement below. (All adults need to sign the agreement; parents or legal guardians may sign for minor children.)

1. I declare that the information given in this application is accurate.
2. I authorize Power Paws Assistance Dogs to seek emergency medical treatment in case of accident, injury or illness. Please list any disabilities you have that we should know about _____
3. I understand that if I am injured while volunteering as a Puppy Petter with Power Paws Assistance Dogs, I am not covered by Arizona State Worker's Compensation law.
4. I indemnify and hold Power Paws Assistance Dogs harmless from and against all claims, losses, liabilities and damage to person or property, governmental charges or fines and attorney's fees arising out of acts or omissions of Power Paws Assistance Dogs.
5. I authorize Power Paws Assistance Dogs to copyright, use and publish for art, sales materials, advertising, promotion or any other lawful purpose whatsoever, articles written or comments made by me as well as photographs, picture, portraits or images made through any medium.

_____ Signature _____ Date

_____ Signature _____ Date

"Empowering People for Independence"

Rules for puppy handling:

For puppies that have not completed their parvo inoculations (under 4 months), we have to be extremely careful about not exposing them to Parvo, a deadly dog disease.

1. Always wash your hands with disinfectant soap before touching puppies.
2. Never step into the puppy yard without first stepping into the bleach tray or taking off your shoes.
3. Put the puppy down in the designated puppy yard or whelping box only!
4. Always hold the pup with two hands. Be aware that they can be wiggly; don't let them fall!
5. Be gentle with them. They need to be trusting of people, so handle them with care.
6. Children must be supervised at all times. This is NOT daycare.

DO'S AND DON'TS

- **Cleanliness is a must!**
 - Parvo is a terrible disease, pups cannot absorb nutrients.
 - **YOU MUST** wash hands **THOROUGHLY** before handling puppy (both sides, arms and nails)
 - **DO NOT** step in pup box with shoes on.
 - **DO NOT** walk into kennels without **THOROUGHLY** disinfecting shoe soles
 - **DO NOT** set pup on floor or table top (without 1st disinfecting with Clorox)

INDEMNITY, WAIVER, RELEASE OF LIABILITY, AND ASSUMPTION OF RISK

I, _____, **(Adult)** have agreed to train, handle, and otherwise work with an assistance dog (the "Assistance Dog") owned by Power Paws Assistance Dogs, Inc. ("Power Paws").

I, _____, am the (parent and legal guardian) of, _____, **(Minor)** a minor, and have agreed, with Minor, to train, handle, and otherwise raise an assistance dog (the "Assistance Dog") owned by Power Paws Assistance Dogs, Inc. ("Power Paws").

INDEMNITY, WAIVER, AND RELEASE OF LIABILITY

In carrying out these responsibilities, I HEREBY WAIVE, RELEASE, AND FOREVER DISCHARGE AND AGREE TO SAVE, DEFEND, INDEMNIFY AND HOLD HARMLESS POWER PAWS AND ITS OFFICERS, DIRECTORS, EMPLOYEES, AGENTS, VOLUNTEERS, APPRENTICES, TRAINERS, DONORS, AND/OR REPRESENTATIVES OF AND FROM ALL LIABILITY CLAIMS, DEMANDS, CAUSES OF ACTION AND POSSIBLE CAUSES OF ACTION WHATSOEVER, ARISING OUT OF OR RELATED TO ANY LOSS, DAMAGE, OR INJURY (INCLUDING DEATH) THAT MAY BE SUSTAINED BY MINOR, MYSELF, OR ANY OTHER INDIVIDUAL OR ANY PROPERTY, OR THAT MAY OTHERWISE ACCRUE TO ANY ASSIGNEES, HEIRS, GUARDIANS, NEXT OF KIN, SPOUSES, PARTNERS AND/OR LEGAL REPRESENTATIVES OF MINOR, MYSELF, OR ANY OTHER INDIVIDUAL ARISING FROM ANY ACT (OR FAILURE TO ACT) BY THE ASSISTANCE DOG, INCLUDING, BUT NOT LIMITED TO, ANY CLAIMS OF NEGLIGENCE OR VIOLATIONS OF A.R.S. § 11-1020 DOGS, LIABILITY; A.R.S. § 11-1024(D) SERVICE ANIMAL HANDLER LIABILITY; OR A.R.S. § 11-1025 DOG BITE LIABILITY. THIS RELEASE DOES NOT APPLY TO CLAIMS ARISING FROM POWER PAWS' GROSS NEGLIGENCE OR INTENTIONAL CONDUCT. ____ (initial)

ASSUMPTION OF RISK

I understand that the behavior of domestic animals, including the Assistance Dog, is unpredictable and that there are inherent risks associated with domestic animals, including the Assistance Dog, which include, but are not limited to, bodily injury or the spread of disease as a result of being in close proximity to the Assistance Dog. I further acknowledge and understand that personal injury (including death) or property damage may occur as a result of certain canine behaviors, including, but not limited to, biting; jumping; running; quickly walking; pulling on leashes; not responding to commands; stepping on individuals; unpredictable reactions to sounds; or sudden movements due to unfamiliar objects, persons or other animals, including other dogs. KNOWING THE RISKS OF USING, OWNING AND HANDLING DOMESTIC ANIMALS (INCLUDING THE ASSISTANCE DOG) I, NEVERTHELESS, HEREBY AGREE TO ASSUME THOSE RISKS ON BEHALF OF MINOR AND MYSELF AS TRAINER, HANDLER, AND RAISER OF THE ASSISTANCE DOG, AND TO WAIVE, RELEASE, DEFEND, INDEMNIFY AND HOLD HARMLESS POWER PAWS AND ITS OFFICERS, DIRECTORS, EMPLOYEES, AGENTS VOLUNTEERS, APPRENTICES, TRAINERS, DONORS, AND/OR REPRESENTATIVES FROM ALL LIABILITY CLAIMS, DEMANDS, CAUSES OF ACTION AND POSSIBLE CAUSES OF ACTION WHATSOEVER, ARISING OUT OF OR RELATED TO ANY LOSS, DAMAGE, OR INJURY (INCLUDING DEATH) THAT MAY BE SUSTAINED BY MINOR MYSELF, OR ANY OTHER INDIVIDUAL OR ANY PROPERTY, OR THAT MAY OTHERWISE ACCRUE TO ANY ASSIGNEES, HEIRS, GUARDIANS, NEXT OF KIN, SPOUSES, PARTNERS AND/OR LEGAL REPRESENTATIVES OF MINOR, MYSELF, OR ANY OTHER INDIVIDUAL ARISING FROM ANY ACT (OR FAILURE TO ACT) BY THE ASSISTANCE DOG, INCLUDING, BUT NOT LIMITED TO, ANY CLAIMS OF NEGLIGENCE OR VIOLATIONS OF A.R.S. § 11-1020 DOGS, LIABILITY; A.R.S. § 11-1024(D) SERVICE ANIMAL HANDLER LIABILITY; OR A.R.S. § 11-1025 DOG BITE LIABILITY. ____ (initial)

I have read this agreement carefully and understand its contents. I am aware that this INDEMNITY, WAIVER, RELEASE OF LIABILITY, AND ASSUMPTION OF RISK forms a binding contract between Power Paws, Minor and myself, and I sign it of my own free will as guardian for Minor and trainer/handler/raiser of the Assistance Dog.

Signed: _____ Date: _____

As guardian of _____ and trainer/handler/raiser of the Assistance Dog

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Media Authorization and Release

Subject to the terms and conditions set forth herein this Agreement, I, _____ do hereby authorize Power Paws Assistance Dogs, Inc., its successors and assigns and those acting under its permission and on its authority, to copyright, use, and publish for art, sales materials, advertising, promotion, packaging, trade or any other lawful purpose whatsoever, articles written or comments made by me as well as photographs, pictures, portraits or images of me and/or my dog(s) or other animals, or in which I/we may be included, in whole or in part or composite or distorted in character, or form, in conjunction with my/our own or a fictitious name, or reproductions thereof in color or otherwise made through any medium. Any and all comments made by me are provided to Power Paws Assistance Dogs, Inc. without receipt of any promise of consideration.

The undersigned warrants that he/she has the full power and authority to grant all of the rights conveyed hereunder and hereby waives any right that he/she may have to inspect or approve the finished product or the advertising or other copy that may be used in connection therewith or the use to which it may be applied. The undersigned further agrees that this authorization and release shall be binding upon his/her heirs, executors, administrators, successors and assigns.

The undersigned warrants that all comments made by me will accurately reflect the opinions and experiences of the undersigned and that the comments are true and correct to the best of the undersigned's knowledge and belief.

The undersigned further warrants that he is of full age and has every right to contract in his own name in the above regard and further that he has read the above authorization and release, prior to its execution, and that he is fully familiar with the contents thereof.

Dated _____ Signed _____

If person is a minor, then parent or legal guardian must sign below:

I, the undersigned, hereby consent to the foregoing conditions and warrant that I have the authority to grant such consent.

Signature of Parent/Guardian _____ Date _____