

# INFORMED CONSENT AND RELEASE FORM

I wish to participate/view the United Schutzhund Clubs of America Helper Program/Seminar (hereinafter referred to as the “program”) and to use the equipment, facilities and services (hereinafter collectively referred to as the “facilities”) made available by the program. I agree that my participation/viewing of the program and the use of the facilities are and will at all times be at my own risk. I will be responsible for my actions, the actions of any minor(s) under my supervision and for any animal(s) that I choose to handle in the program.

I hereby agree to accept all risks associated with the use of the facilities made available to me as a participant/viewer of the program and that the United Schutzhund Clubs of America, the Helper Committee, Official Teaching Helpers, \_\_\_\_\_ (Region/Local Club, etc.) have made no guarantees or representations as to the quality and suitability of the facilities for any purpose. I acknowledge that I will seek medical advice from a doctor regarding my participation/viewing of the program or use of any facilities. I agree to report any signs or symptoms of distress or abnormalities to the United Schutzhund Clubs of America, the Helper Committee, Official Teaching Helpers, \_\_\_\_\_ (Region/Local Club, etc.) and hereby consent to the administration of any resuscitation measures deemed advisable by such person.

In consideration for my participation/viewing of the program and use of the facilities, I, for myself, my heirs, executors, administrators, successors and assigns, do hereby release and forever discharge the United Schutzhund Clubs of America, the Helper Committee, Official Teaching Helpers, \_\_\_\_\_ (Region/Local Club, etc.) their employees, agents, successors and assigns, from all manner of actions, causes of actions, claims, demands or damages whatsoever which may have arisen or may in the future arise for or by reason of any damage, loss or injury to property or person (including death) which I have sustained or which I may in the future sustain, as a consequence of my participation/viewing of the program or use of the facilities.

I have read the foregoing, and I understand it. Any questions which have arisen or occurred to me have been answered to my satisfaction.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name (Please Print)**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Signature**