



SWIMMING AGREEMENT

801 Norfolk Ave SW
Roanoke, VA 24016
(540) 206-3299

DOG _____

DATE _____

OWNER NAME (FIRST AND LAST) _____

PHONE # _____

EMERGENCY # _____

Please initial each line to indicate you have read and understand the information provided.

____ I understand and agree that in allowing my dog to participate in supervised swim session(s), City Dogs has relied on my representation that my dog is in good health and can engage in the strenuous activity of swimming. I understand that the staff of City Dogs is not engaged in the practice of veterinary medicine and is not responsible for determining if my dog is physically healthy enough to handle swimming.

____ I agree to have my dog's nails trimmed to an acceptable length before using the pool. If the nails are too long, City Dogs reserves the right to trim them for a charge of \$10 or to keep my dog out of the pool.

____ I understand and agree that City Dogs, and its staff will not be held liable for any problems that arise out of my dog's use of City Dogs swimming pool, including inherent risks to my dog such as dangers while swimming, wet floors, skin irritation, and interaction with other dogs. In consideration for granting my dog permission to use these facilities I hereby release them from liability of any kind whatsoever regarding my dog(s) participation.

____ I understand that I am solely and financially responsible for any harm caused by my dogs(s) while utilizing the pool at City Dogs. This includes any harm to people and/or other dogs as well as to the physical property.

____ I understand and agree that any medical problem that develops with my dog(s) during swim time will be communicated to me, the owner, immediately. If I cannot be reached, my dog will be treated as deemed best by the staff of City Dogs, in their sole discretion. I assume full financial responsibility for all expenses involved.

____ I agree my dog(s) will always wear a provided life vest unless I have requested otherwise.

____ I agree to provide my own specialized life vest if my dog is a brachycephalic breed (cannot opt out) French Bulldog, Boxer, Pug, Boston Terrier, English Bulldog, Pekingese, Lhasa Apso, Shih Tzu, Cavalier King Charles Spaniel.

By checking this box I request that my dog(s) swim without a life vest and I assume all responsibility for my dog's health & safety.

____ I grant City Dogs permission to take photographs of my dog(s) in connection with any City Dogs services, including pool time. I authorize City Dogs to use and publish those photographs in print and/or electronically with or without my name/pets' names for any lawful purpose including such purposes as publicity, illustration, advertising, social media, and website content.

I certify that I have read and understand this agreement and that the information set forth above is true and correct. I agree to accept all terms, conditions of this agreement and any rules or regulations of City Dogs.

Owners Signature: _____ Date: _____

Accepted by: (City Dogs staff) _____