Release and Waiver of Liability Form

East Lyme Public Library

Read to a Dog Program

\*I hereby give permission for my minor child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in the Read to a Therapy Dog program at the East Lyme Public Library.

\*I acknowledge that while it is unlikely, this activity does carry with it the potential for serious injury and/or property damage.

\*I certify that my child is not allergic to dogs, is comfortable around dogs, and knows how to calmly interact with dogs.

\*My child will follow the instructions of the dog handler or library staff, as directed.

\*I hereby certify that if any harm does come to my child, I will not hold the East Lyme Public Library nor its staff members or volunteers responsible.

\*I promise to stay in the Library for the duration of the reading session.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_