

Assumption of Risk | Release of Liability | Media Consent (the “Agreement”)

I understand that the Alliance of Therapy Dogs (“ATD”) provides testing, certification, support, and insurance for ATD members who volunteer with their dogs in animal-assisted activities. I understand that ATD holds ATD Therapy Dog Certification activities and related events (“Event”) at one or more facilities of the H. Lee Moffitt Cancer Center and Research Institute, Inc. and/or one or more of its not-for-profit subsidiary corporations (“Moffitt”).

I acknowledge that my participation in the Event is voluntary and that I am aware of the potential risks involved, including the inherent dangers of handling dogs in settings with people and other dogs. I further understand that time spent at the Event is not compensable working time, and that I am not receiving any form of compensation for my attendance and participation in the Event.

In consideration of my participation and in recognition of Moffitt’s reliance hereon, I voluntarily assume full and complete responsibility for any injury or accident that may occur: (i) while traveling to or from the Event; (ii) during the Event; or (iii) while on the premises where the Event is conducted. I acknowledge and accept all risks associated with participating in the Event, including, without limitation, falls, contact with other participants or animals, weather conditions, traffic, and the condition of the premises.

I expressly acknowledge that any injury, illness, or accident that may occur in connection with the Event is not subject to workers’ compensation coverage. I assume all risks and responsibilities for my own safety, the safety of my dog and personal property, and the safety and property of any other dog present at the Event.

On behalf of myself, my heirs, executors, administrators, and assigns, I hereby fully and irrevocably waive, release, indemnify, and hold harmless Moffitt and its affiliates, officers, directors, employees, volunteers, Event organizers, sponsors, promoters, agents, representatives, successors, assigns, and all other persons or entities associated with the Event (collectively, the “Releasees”) from any and all liabilities, claims, demands, causes of action, losses, damages, or expenses of any kind arising out of or related to my participation in the Event, including claims arising from the negligence of any Releasee, except to the extent prohibited by applicable law.

I agree not to bring any such claim and to forever release and discharge the Releasees from liability. I further agree to pay Moffitt’s reasonable costs and attorneys’ fees incurred in enforcing this Agreement. I consent to the exclusive jurisdiction and venue of the state courts located in Hillsborough County, Florida, for any dispute arising from or related to this Agreement.

Media Consent

I grant Moffitt the absolute and irrevocable right to photograph, film, videotape, record, and otherwise capture my name, voice, image, and/or likeness in connection with the Event. I authorize Moffitt to use, reproduce, distribute, and display such materials, in whole or in part, in any media now known or later developed, for any lawful purpose, including without limitation promotional materials, website content, advertising, fundraising, and publicity, without compensation to me.

Minors

If the volunteer participant is under eighteen (18) years of age, a parent or legal guardian must acknowledge this Agreement. By doing so, the parent or legal guardian certifies and agrees on behalf of the minor that: (i) the minor has permission to participate in the Event; (ii) the minor is in good physical condition and able to participate; and (iii) Event officials may authorize necessary emergency medical treatment for the minor.

Acknowledgment

☒ By checking this box, I confirm that I have read and understand this Agreement; that I am at least eighteen (18) years of age; and that I voluntarily agree to its terms and conditions, or that I am the parent or legal guardian of the named participant and have the legal authority to agree to this Agreement on their behalf.

Participant Name: _____	Date: _____
Participant Signature: _____	Date: _____
Name of Parent/Guardian if participant is under the age of 18: _____	Date: _____
Signature of Parent/Guardian if participant is under the age of 18: _____	Date: _____