WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing it and participating in our animal program, you are expressly assuming the risk and waiving and releasing all claims for injuries, damages or loss which you, or your children listed below, might sustain as a result of participating in any and all of the activities connected with and associated with this program.

I, ___________________________________________, am aware that participation in the DuPage County Animal Care and Control (hereinafter “Animal Control”) program involves an inherent risk of physical injury to me as well as damage to, or destruction of, my personal property. In exchange for the opportunity to view and interact with the animals, I hereby assume all risk of injury to myself and to my property that I may suffer as a result of viewing, petting, playing with and/or interacting with any animals, regardless of the severity.

I understand that animals are unpredictable and that even the best behaved animals can suddenly become startled and then scratch or bite. Because of the unpredictability of animals, the rules at Animal Control are strictly enforced. If I fail to follow any of the rules, my privileges to view and/or interact with the animals may be revoked. I understand the following rules are in effect at Animal Control:

1. I may not stick my fingers or anything else into an animal’s cage;
2. I may not remove animals from their cages (an Animal Control employee or volunteer will assist me if I would like to view an animal);
3. I may not touch, pet, or pick-up any animal that is in the lobby, an adoption room, or anywhere else on Animal Control’s property (an Animal Control employee or volunteer will assist me if I would like to view an animal).

I do not have any health conditions that would place me at great risk if I were scratched or bitten by an animal such as an immunodeficiency, hemophilia, or other disorders that would impair my body’s ability to control blood clotting or fight off an infection.

I further agree to waive and relinquish all claims I may have, as a result of participation in our animal program, against the County of DuPage (hereinafter “the County”) or Animal Control, including any of their officials, agents, volunteers and employees.

I hereby fully release and forever discharge the County and Animal Control from any and all claims for injuries, damages or loss I may have, or which may arise out of, or in any way are connected or associated with the animal program.

I have read and fully understand the above important information, including the above-stated rules, the assumption of risk and the waiver and release of all claims. I am 18 years or older and legally competent to execute this release. I have fully considered this matter and freely, without reservation or duress, enter into this release. If I list children below, I realize that the content of this release applies to my children, and I agree that my children will be supervised to ensure that they follow the above-stated rules of Animal Control.

Parent/Legal Guardian’s Name (please print): __________________________________________

Parent/Legal Guardian’s Children (please print): __________________________________________

________________________________________

Parent/Legal Guardian’s Signature:

Date: _____________________