



Therapaws of Michigan, Inc.

Sharing the Human-Animal Bond Through Canine-Assisted Therapy
PO Box 92, Dexter, MI 48130 | www.therapaws.org | info@therapaws.org

Hold-Harmless Agreement

Print out this form, read carefully, print your name, sign name, fill in date, include your \$25 check (non-refundable application fee), made payable to Therapaws of Michigan, and a photo of you and your dog together, and mail to:

Therapaws of Michigan, Inc.
P.O. Box 92
Dexter, MI 48130

I understand that the Program, Institution or Organization where I may volunteer is an independent organization and not sponsored by or affiliated with Therapaws of Michigan, Inc. (“Therapaws”) in any manner. I understand that Therapaws has not undertaken any kind of control or supervision over the Program, Institution, or Organization where I may volunteer. I understand and acknowledge that there are unavoidable risks in working with a pet in a public or private location and knowing these risks, and in consideration of being a member of Therapaws, I acknowledge that I am choosing to accept the risk of being a volunteer in the program that I have chosen.

I understand that each Program, Institution or Organization has its own policies and procedures and standards of acceptable conduct, and recognize that behavior which violates those policies, procedures or standards could harm Therapaws, as well as my own or other’s health and safety. I will become informed of and will abide by, all such policies, procedures and standards for the location of the Program, Institution, Organization and will accept the risk of any legal problems I may encounter with any Program, Institution or Organization. Therapaws is not responsible for providing any assistance under any such circumstance. Further, I understand it is my responsibility to read, understand, and agree with the policies and procedures and rules and regulations of both Alliance of Therapy Dogs and Therapaws of Michigan. Both can be found on their respective websites at: (www.therapydogs.com and www.therapaws.org)

Additionally, in consideration of being accepted as a member of Therapaws of Michigan, Inc., I release and discharge the Organization, its Board of Directors, and members from any and all actions, claims, demands for damages, loss or injury which may be sustained by me or my property because of my therapy visits, participation as a volunteer at a Program, Institution or Organization or other events sponsored by Therapaws and/or its members.

It is further agreed and understood that my acceptance as a member is not to be construed as an admission on the part of Therapaws of Michigan, Inc., its board members, officers, and members, of any liability in consequence of any accident or occurrence. *In addition, I understand that if I take my therapy dog to work with me, we are not insured by Alliance of Therapy Dogs while I am being paid. Therapaws is strictly a volunteer organization.*

I further acknowledge that my agreement is wholly voluntary and that I am informed and understand the risks that I am undertaking prior to signing this form.

Print Name _____

Signature _____

Check (included) number and date _____

Photo included * _____

* If you prefer to email the photo, send to: info@therapaws.org