



American Mantrailing, Police & Work Dog Association

706 Vale Street
Greencastle, IN 46135
www.ampwda.com

Release and Waiver of Liability

PLEASE READ THIS CAREFULLY.

It affects any rights you may have if you are injured or otherwise suffer damages while participating in all American Mantrailing, Police & Work Dog Association activities. This includes but is not limited to: competitions, seminars, workshops, and regular training sessions.

I, _____ (participant) hereby release, waive, discharge and covenant not to sue the American Mantrailing, Police & Work Dog Association, the Board of directors of the American Mantrailing, Police & Work Dog Association, property owners of the premises on which activities are held, and any of the officers, servants, agents, and employees of the above mentioned entities (hereinafter referred to as RELEASEES) for any liability, claim and/or cause of action arising out of or related to any loss, damage, injury, including death, that occurs as a result of my participation in the above-described activities.

I agree to indemnify and hold harmless the RELEASEES whether injury is caused by my negligence, the negligence of the RELEASEES or the negligence of any third party. I further agree that this Release and Waiver of Liability shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and be deems as a RELEASE, WAIVER, DISCHARGES AND COVENANT NOT TO SUE the above-named RELEASEES. I hereby further agree that this release and Waiver of Liability shall be construed in accordance with the laws of the State of Indiana.

By signing this Release and Waiver of Liability, I state that I have read and understand the conditions set forth in this Release and that I agree to all conditions set forth herein, and that I sign this voluntarily.

Date: ___/___/___

Name (please print): _____

Signature: _____

Medical Emergency Contact Information:

First Contact Person:
Name: _____

Second Contact Person:
Name: _____

Relationship to participant _____

Relationship to participant _____

Daytime phone: (____)____ - _____

Daytime phone: (____)____ - _____

Evening phone: (____)____ - _____

Evening phone: (____)____ - _____

Are you allergic to any medications? _____