

Release and Authorization For Pampered Pals To Seek Medical Treatment

I have engaged Pampered Pals to provide services and physical activity for my pet(s), (please give pet name(s)) _____, which have inherent risks, including injury and even death that may result to my pet.

I hereby agree to assume all risks associated with the services and physical activity Pampered Pals provides for my pet(s).

I authorize Pampered Pals, its principals, officers, employees or agents, to obtain and authorize the administration of such medical treatments and anesthetics for my pet, both standard and emergency that are necessary, in the judgement of Pampered Pals, its principals, officers, employees or agents.

I will not hold Pampered Pals, its principals, owners, officers, employees or agents liable for any complications because I understand that while Pampered Pals endeavors to take every precaution to insure the safety of my pet, there are risks involved in caring for my pet, the administration of medical treatments, and the use of anesthetics.

By signing this agreement I waive, release, and agree to indemnify, defend and hold harmless Pampered Pals, its affiliated entities, principals, owners, officers, employees, agents, representatives or assigns from and against any and all claims, damages, liabilities, costs, and expenses (including reasonable attorneys fees) of any nature arising from or related to my pet's participation in physical activity, services or medical treatment or services provided or obtained by Pampered Pals.

I understand that all rights under Section 1542 of the California Civil Code and any similar law of any state or territory of the United States are hereby expressly waived. Section 1542 of the California Civil Code reads as follows:

A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS WHICH THE CREDITOR DOES NOT KNOW OR SUSPECT TO EXIST IN HIS FAVOR AT THE TIME OF EXECUTING THE RELEASE, WHICH IF KNOWN BY HIM MUST HAVE MATERIALLY AFFECTED HIS SETTLEMENT WITH THE DEBTOR.

I assume financial responsibility for all charges incurred by Pampered Pals in seeking any medical treatment or services for my pet pursuant to this authorization, and agree that payment of these charges will be made at the time of the release of my patient pet.

_____ Owner or Guardian of

_____ Pet's name(s)

_____ Phone where I can be reached

_____ Date