DEPARTMENT OF THE ARMY
US ARMY INSTALLATION MANAGEMENT COMMAND
HEADQUARTERS, UNITED STATES ARMY GARRISON, FORT DETRICK
810 SCHREIDER STREET, SUITE 212
FORT DETRICK, MARYLAND 21702-5000

Ft. Detrick Pet Lodging and Daycare
Waiver of Liability and Hold Harmless Agreement

Owner:_____ Date:_____

Pet(s):_____

1.I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE The United States Army, their officers, agents, servants, or employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or any of the property belonging to me, WHETHER CAUSED BYTHE NEGLIGENCE OF THE RELEASEES, or otherwise, during my pet(s) visit to Ft. Detrick Pet Lodging and Daycare.

2.I acknowledge that I am the owner of the above named pet(s) and I am fully aware of the risks pertaining to pet lodging and daycare and I voluntarily assume full responsibility and I further hereby AGREE TOINDEMNIFY AND HOLD HARMLESS the RELEASEES for any risks of loss, property damage, or injury, including death, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise, during my pet(s) visit to Ft. Detrick Pet Lodging and Daycare.

3.Health: I certify that my pet is in good health and that my pet has not been ill with any communicable diseases, parasites, or any conditions that could negatively affect the health of other guests or staff. I assume the responsibility of any vet treatment if any conditions should arise during my pets stay. I understand that my pet(s)must be flea and tick free and that my pet will be inspected at the time of arrival. I assume any fees or charges that may be applicable in the event thereof.

4.Vaccinations: I certify that my pet has received the necessary vaccinations as applicable. Dogs: Rabies, Distemper, Bordetella, and Canine Influenza. Cats: Rabies and Distemper. I understand that there is always a small chance that my pet could contract an illness regardless of vaccination status. I have provided records showing that my pet has been vaccinated and that the vaccinations will not expire during my pets stay. OTHERWISE, I understand that if my pet is immunodeficient or under 4 months of age, my pet(s) will be isolated from other guests.

5.I understand that the US Army does not maintain any insurance policy, covering any circumstance arising from my pet visiting lodging or daycare or any activity associated

with or facilitating that participation. As such, I am aware that I should review any insurance portfolio for my pet.

6.Group Play/ temperament (DOG ONLY): I certify that my pet has never shown signs of aggression towards other animals or people. I understand that my dog will be with other guests in group play and that there are risks of injury, illness, and life-threatening circumstances and I assume the responsibility of any veterinary costs that my pet may incur. IF NOT I have disclosed my pet has shown signs of aggression towards other animals and I understand that it is at the discretion of the staff to allow my pet to join group play.

7.It is my express intent that this Waiver of Liability and Hold Harmless Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO USE the above-named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement are construed in accordance with the laws of the State of Maryland.

8.IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

Printed Name_____ Date _____

Signature_____