



## Waiver

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## Off-Leash Meet and Greet Release

To be used for meet and greets between APA! dogs and non-APA! dogs

### **Name of APA Dog(s):**

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I, the undersigned, understand that any dogs introduced off-leash may play in a rough manner or get into a fight. I understand that any contagious sickness can be transferred between animals during interaction.

I will not hold Austin Pets Alive! or any of its representatives responsible for any sickness or injury to humans or animals that may result from allowing my animal(s) to interact with a dog from Austin Pets Alive!

I agree to let the staff member completely handle the dogs.

### **Potential Adopter:**

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **APA Staff/ Representative:**

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_