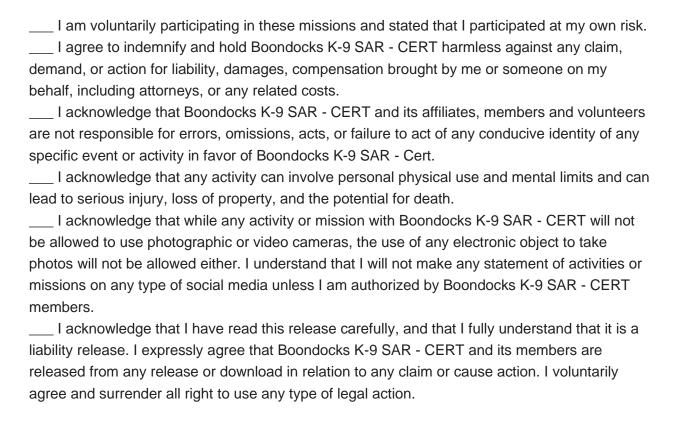


Disclaimer of Liability Boondocks K-9 Search and Rescue - Cert Unit Inc

In consideration of the risk of injury when participating in the activity of search, rescue, and emergency services to the community, and the consideration of the right to participate. I hereby, myself, my heirs, knowingly and voluntarily entered into this release, release from liability and hereby release all right, claim of causes, and take action in any way or another that arises during my participation. I hereby release and forever discharge Boondocks K-9 SAR - CERT, located in Puerto Rico. Including its affiliates, members, and volunteers. For any physical and / or psychological injury, including but not limited to some type of illness, paralysis, and / or death; emotional damage and / or financial loss. That I as an individual may suffer as a direct result of my participation in the missions mentioned above, including travel and any type of event related to these missions.



To the extent of the statute or legal case it is not prohibited or negligent that on the part of Boondocks K-9 SAR - CERT and its members this document can be used and released.

In the event that I require medical treatment, I agree to be fully responsible for any monetary cost resulting from such treatment. Also in the event of any equipment or facility damage occurring as a result of my negligence, I agree and acknowledge to be held responsible for any costs associated with any action.

I, the participant, claimed that I at the age of 18 or older. And that he voluntarily signed this agreement. I certify that I have read and fully understand the content and it cannot be changed verbally. I am aware that this document is an exemption from liability and a contract that I am signing in free will.

Name:	Signature:
Date:	
Witness Name:	Witness Signature:
Date:	
Parent / Guardian minor waiver	pant is under 18 years of age, then this document must be
signed by the father, mother, or guard	
I hereby certify that I am the father, m	
	and hereby give my consent without
reservation on behalf of this individua	ıl.
Name of minor:	
Name of father, mother, or guardian:	
Relationship with the minor:	Telephone:
Direction :	
Date:	
Witness:	Date: