

School Year: _____

Date: _____



Service/Therapy Animal Waiver/Indemnification

Service/Therapy Animal Name: _____

I hereby request and/or grant permission for the presence of the above-named service/therapy animal(s) on school premises and/or at school functions.

I further waive any claims against the Woodland Park School District Re-2 (WPSD), members of the Board of Education, its employees, insurer, and agents arising out of relating to or connected with the animal's presence on the premises, and agree to hold harmless and indemnify the WPSD, the members of the Board of Education, its employees, insurer, and agents, either jointly or severally, from and against any and all liability, claims, demands, damages, or causes of action or injuries, costs, and expenses, including attorney's fees, resulting from or arising out of the animal's presence on school premises or at school functions.

I agree to hold the WPSD, the members of the Board of Education, its employees, insurer, and agents harmless for any injury to, including death of, the animal.

I accept responsibility for ensuring all appearances and use of the Service/Therapy animal comply with all current WPSD COVID-19 Reintegration plans and Phases. Additionally, I accept responsibility for preventing gatherings around the animal that compromise Physical Distancing guidelines.

I acknowledge that I have read, understand and will comply with Woodland Park School District Re-2 'Service Animals' Administrative Policies EJ and EJ-R.

I further agree that I am either the owner of the above-named service animal, or, authorized to execute this waiver/indemnification on behalf of the owner. Additionally, I will provide the WPSD with an updated certificate of liability insurance in the amount of at least \$1,000,000 for each occurrence and \$2,000,000 general aggregate.

Service/Therapy Animal Description of Duties:

Provide a description of the duties the Service/Therapy Animal identified above will perform at WPSD:

(over)

School Year: _____

Date: _____

Animal Owner (please print) Date

Animal Owner (signature) Date

Address

City/State/Zip

Telephone Numbers

District Approval (signature) Date