**WAIVER OF LIABILITY AND INFORMED CONSENT**

I understand that participating in NACSW™ ODOR RECOGNITION TEST (ORT) October 12, 2025 in Lake Park, FL (the “Event”), whether as a participant, a volunteer or a spectator, holds some risk. These risks include, but are not limited to, that the behavior of dogs and other domestic animals is sometimes unpredictable, cannot be guaranteed, and can result in serious personal injury or death to bystanders, as well as extensive property damage. In addition, I and/or my dog may be exposed to challenging, treacherous or unstable terrain and footing during the Event.

Acknowledging my awareness of the risks associated with participating or observing any type of detection style training or competition, I hereby waive and release any claim or cause of action that I may otherwise have against Amy Herot, Jill-Marie O’Brien, K9 Nose Work®, National Association of Canine Scent Work, LLC®, the Obedience Training Club of Palm Beach County (OTCPBC), and their respective employees, officers, directors, agents, or contractors (collectively, the “Released Parties”) for any claim or cause of action for personal injury or property damage (collectively, a “Claim”) arising out of or in connection with events, accidents or other occurrences at the Event, except to the extent that the Claim arises out of the intentional misconduct or gross negligence of the Released Party. I further agree to defend, indemnify, and hold harmless each Released Party from and against any and all claims, damages, costs and expenses arising out of or in connection with any Claim that is based, in whole or in part, on acts or omissions by me or by any person or animal for whom or for which I have or had responsibility or control.

I represent and affirm that to the best of my knowledge and belief: (1) I do not have COVID-19 nor am I waiting for test results; (2) I have not been tested and found positive for COVID-19 or if I have tested positive for COVID-19, I certify that I have been released by government officials and/or health care providers to resume normal activity without limit; (3) If I have experienced symptoms associated with COVID-19 including fever, coughing, or shortness of breath or if I have been in contact with or exposed to any known carrier of COVID-19, I have met the current CDC recommendations regarding testing and/or quarantine.

I am representing my condition as of signing, and if, as of the later time of the event, there has been any change in any of the conditions represented, I am obligated to formally notify the event host of the changed conditions at the time of and before participating in the event. I agree to follow any specific event guidelines, precautions and requirements to mitigate the possibility of event participants or attendees contracting or spreading COVID-19. I understand the risks of contracting or being exposed to COVID-19 associated with my attendance at this event, and I knowingly accept those risks. I agree to waive, release and hold harmless all Released Parties from and against any claim, liability, loss or expense arising from or based upon a COVID-19 infection acquired by myself or any of my family members or associates as a result of or contemporaneous with attendance or participation at this event.

Participation in NACSW events requires adherence to all host, facility, and jurisdictional guidelines and requirements relating to COVID-19. This may include testing, vaccinations, quarantines, temperature checks and other safety measures.

I have read, understand, and agree to the above:

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Name (Print) Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

Name of dogs at event location:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Parental Consent:

I am the lawful parent and/or legal guardian of the above named minor. I acknowledge that I have read and understand this Liability Waiver and that I and the above named minor will be bound by said Liability Waiver.

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Name (Print)                              Date

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Signature