



**Consent to Participate in Canine Therapy Program
Caring Tails**

The undersigned are the legal guardians of _____, the **Student who attends Cochrane High School.**

The undersigned wish to have the Student participate in the **canine therapy program known as Caring Tails** which we understand allows the Student to have access to a trained therapy dog in order to interact with the dog under the supervision of the dog's handler.

The undersigned acknowledge that we have read and understood the information brochure provided by the School and the therapy dog provider.

The undersigned acknowledge that:

1. All risks, whether foreseeable or not, of the Student participating in the Program are accepted including risk of animal bites, animal scratches and allergic reactions.
2. Participation in the Program is entirely voluntary and there is no guarantee of any benefit from the Program.
3. The therapy dog is owned and handled by a third party and is not the property of the School or Rocky View School Division No. 41 (RVS).
4. Participation in the Program may be ended by the School or by us at any time.

Dated at _____, Alberta this _____ day of _____, _____.

Signature of Guardian

Print Name

Signature of Guardian

Print Name

If only one guardian has signed the signing guardian warrants, covenants, and agrees that he or she has the authority to sign this form on behalf of all other guardians and acknowledges that the School and RVS are relying on that warranty, covenant and agreement and may do so for all purposes.