

**Cay 9 Resort & Spa
Grand Cayman**

Waiver of Liability

I, the undersigned, am satisfied that Cay 9 Resort & Spa is maintained for the health, comfort and protection of my dog(s).

I am the owner of the canine(s) _____ and will not hold Cay 9 Resort & Spa owners or staff responsible for any accident or injury or loss or death of my animal(s) under their care. I further understand that due to the way dogs interact with one another, minor cuts, scratches, and other injuries can occur even though the dogs are carefully supervised. While my dog(s) is/are in the care and custody of Cay 9 Resort & Spa if I am unreachable in the event of an emergency, I hereby authorize Cay 9 Resort & Spa, its agents, and/or representatives to seek immediate veterinary care for my animal(s). I understand that all costs in connection with veterinary or medical treatment shall be my responsibility.

I certify that my dog(s) is/are in good health and have not harmed or shown any aggressive or threatening behavior towards any person or any other dog. I agree to pay the cost of the services of Cay 9 Resort & Spa for my dog(s). I also agree to be financially responsible for undue personal, property damage or any injury to another dog(s) caused by my dog(s). If any claim is made against Cay 9 Resort & Spa owner(s) or staff by reason of any act of my animal(s), I agree to indemnify, hold harmless, and defend against such a claim. I certify that I have read and understand the rules and regulations herein and that I have read and understand this this agreement. I agree to abide by the rules and regulations and accept all terms, conditions, and statements of this agreement and confirm the truthfulness of the contents of the application form completed by me.

I additionally give consent for my dog to be photographed while in the facilities at Cay 9 Resort & Spa or any of their activities. I agree to give Cay 9 Resort & Spa to use my dog's image on promotional materials, which may include its website and Facebook and Instagram fan pages.

I am of the full age of eighteen years of age.

Date: _____ Signature: _____

Witness: _____