



## 17<sup>th</sup> Judicial Circuit Volunteer Therapy Dog Request Form

Case Name:	
Case Number:	Judge/Courtroom:
Date & Time Requested:	
Type of Case:	
Special Instructions:	

**Requests for Adults:****Requests for Minors:**

Name:	<i>Name of Child and Age:</i>
<i>Guardian, if applicable:</i>	<i>Parent or Guardian:</i>

Requestor's Name & Department: \_\_\_\_\_

Requestor's Address & Phone Number: \_\_\_\_\_  
\_\_\_\_\_

*For Trial Court Administration Use Only:*

Request received by \_\_\_\_\_ on \_\_\_\_\_ (date)

Approved by \_\_\_\_\_ Date: \_\_\_\_\_

Dog Team: \_\_\_\_\_

Date Dog Team Notified: \_\_\_\_\_

## Informed Consent & Liability Waiver

Please read each statement below, check each box and sign where indicated:

I, \_\_\_\_\_ **am requesting the assistance of a therapy dog through the 17<sup>th</sup> Circuit Volunteer Therapy Dog Program for**

**myself or**  **my child or ward:** \_\_\_\_\_

I/we do not have dog allergies, and

I/we understand the nature of the case will be disclosed to the Therapy Dog Team, and

I understand it is my obligation to notify Trial Court Administration of any scheduling changes.

### Additional Covid-19 Information

Therapy Dog Handlers must be within 3-4 feet of their dogs at all times. By signing this consent, you understand that by securing these services, you are assuming the risk of exposure to the coronavirus.

By signing this form you agree that

- You acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing.
- The Handler must be within 3 feet of their dog, and thus will be within 3-4 feet of you.
- You agree to follow all of the precautions outlined in General Order 1.03 to help keep yourself and others safe from exposure, sickness and possible death.
- The 17th Judicial Circuit and the Volunteer Therapy Dog Program cannot guarantee that you will not become infected with the Coronavirus/Covid-19.
- I voluntarily seek services provided by the Volunteer Therapy Dog Program and acknowledge that I am increasing my risk to exposure to the Coronavirus/Covid-19.

I/we understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, 17<sup>th</sup> Circuit staff, and other people located in the courthouse. I hereby release and agree to hold the 17<sup>th</sup> Circuit Court and the Volunteer Therapy Dog Program harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of this agency or that may otherwise arise in any way in connection with any services received from the Volunteer Therapy Dog Program.

I/we understand there are inherent risks when working with a dog, and there are inherent risks when requesting these services while there is community spread of Covid-19, and /we indemnify and agree to hold harmless the 17<sup>th</sup> Judicial Circuit Court or anyone acting on their behalf such as the owners/handlers of the dog

Signature of this Consent & Liability Waiver is conclusive proof that I/we have read and accepted the terms hereof and assume any and all risks involved.

\_\_\_\_\_ Date: \_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Email Address*