File: EJ-1-E

Therapy/Facility Dog Agreement

Employee Name (Printed)_____

Type of Dog:_____

Proof of documentation as required in EJ-1 is attached to this agreement: Yes___No__

Building Dog will service: _____School Year_____

Agreement:

1. I have read and understand the district's Therapy/Facility policy and I will abide by their provisions.
2. I understand and agree that the district may exclude my Therapy/Facility dog if: (a) the animal is out of control and the animal's handler does not take effective action to control it; (b) the animal is not housebroken; (c) the animal poses a direct threat to the health or safety of others; or (d) for any other reason permitted by law.
3. I understand and agree I am responsible for any and all damages caused by my Therapy/Facility dog to district property or to the property of others and for any and all injuries caused by my Therapy/Facility dog to any person. I also agree to indemnify, defend and hold harmless the district from and against any and all claims, actions, suits, judgments, and demands brought by any party arising on account of, or in connection with, any activity of or damage or injury caused by my Therapy/Facility dog.

Employee Signature: _____Date:_____

Lake County School District Signature of approval for Therapy/Facility dog

Administrator Name:_____

Administrator Signature:_____Date:_____

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Note: This agreement is valid until the end of the current school year. It must be renewed prior to the start of each subsequent school year or whenever a different Therapy/Facility dog will be used. A complete copy of this Agreement and supporting documents shall be maintained in the employee's personnel file and must be returned to HR Director.

HR date received: _____

Adopted: Novermber 2024

Lake County School District R-1, Leadville, Colorado