

Canine Indemnity Agreement (NKSD BP2029 F-2)

I understand that according to the state law (RCW 16.08.040), the owner of any dog which shall bite or injure anyone while such person is in or on a public place or lawfully in or on a private place shall be liable for such damages as may be suffered by the person bitten, regardless of the former viciousness of such dog or the owner's knowledge of such viciousness. Because I have care, custody and control of the dog, I am assuming the responsibilities of a dog owner. I understand that I am strictly liable personally for the damage inflicted on any person injured or harmed by the dog physically or emotionally in any manner. I shall provide proof of homeowner's insurance with a liability limit of at least \$300,000.00 to back up my claim of financial responsibility.

I shall indemnify, defend, protect and hold the North Kitsap School District, its officers, officials, employees and volunteers harmless from any and all claims, injuries, damages, causes of action, costs (including attorney fees), suits or judgments arising out of the injuries, and damages in connection with bringing a dog in and outside of district property.

I shall provide proof that the dog is properly licensed and has received a health check and vaccinations. I shall also make sure that the dog has received regular flea treatment and is groomed and bathed frequently. I agree to clean up my dog's waste properly on school property. A waste scoop and disposal bags will be carried at all times.

I understand that the dog must remain on a leash and will not be unattended at any time while on district property. The dog's behavior in public will be properly maintained. I understand that the district has the right to revoke permission for this activity at any time for noncompliance with any rule in this agreement. I understand that the use of dogs for educational activities may be permitted, but that dogs are not intended to be an everyday part of the classroom.

Attachments Required: Proof of homeowner's insurance Proof of licensing
 Proof of vaccinations

Requesting Staff Person's Signature: _____ **Date** _____

Building Principal's Signature: _____ **Date** _____
(indicates principal approval)

Please post this request form next to animal cage.

District Use Only:

Request Approved _____ Denied _____

Comments: _____

Superintendent or Designee Signature: _____ Date _____