

RELEASE AND WAIVER OF LIABILITY

The individual named below (referred to as "I" or "me") desires to board my dog (the "Service") with EdenThistle Land Stewardship Co., LLC d/b/a EdenThistle Dog Co. ("EdenThistle"), located at 280 Phillips Road, Lookout Mountain, Georgia 30750. In consideration of participating in the Service, and in recognition of EdenThistle's reliance hereon, I agree to the terms and conditions:

1. I AM AWARE AND UNDERSTAND THAT THE SERVICE MAY INVOLVE THE RISK OF SERIOUS INJURY, ILLNESS, DISABILITY, AND/OR DEATH TO MY DOG. I ACKNOWLEDGE THAT ANY INJURIES THAT MY DOG SUSTAINS MAY RESULT FROM OR BE COMPOUNDED BY THE ACTIONS, OMISSIONS, OR NEGLIGENCE OF EDENTHISTLE, INCLUDING NEGLIGENT EMERGENCY RESPONSE OF EDENTHISTLE. NOTWITHSTANDING THE RISK, I ACKNOWLEDGE THAT I AM VOLUNTARILY OBTAINING THE SERVICES WITH KNOWLEDGE OF THE DANGER INVOLVED AND HEREBY AGREE TO ACCEPT AND ASSUME ANY AND ALL RISKS OF INJURY, ILLNESS, DISABILITY, AND/OR DEATH ARISING THEREFROM, WHETHER CAUSED BY THE ORDINARY NEGLIGENCE OF EDENTHISTLE OR ANY RELEASEE OR OTHERWISE.

2. I hereby expressly waive and release any and all claims, now or hereafter known, against EdenThistle, and its officers, directors, manager(s), employees, agents, affiliates, members, successors, and assigns (collectively, "Releasees"), on account of the injury of my dog, an illness contracted by my dog, the disability of my dog or the death of my dog, arising out of or attributable to the Service, whether arising out of the ordinary negligence of EdenThistle or any Releasees or otherwise. I covenant not to make or bring any such claim against EdenThistle or any other Releasee, and forever release and discharge EdenThistle and all other Releasees from liability under such claims.

3. I agree that I will follow all instructions of any representative or agent of EdenThistle while making use of the Service.

4. I hereby consent for my dog to receive medical treatment deemed necessary if it is injured or requires medical attention while EdenThistle is providing the Service. I understand and agree that I am solely responsible for all costs related to such medical treatment and any related medical transportation. I hereby release, forever discharge, and hold harmless EdenThistle from any claim based on such treatment or other medical services.

5. This Release constitutes the sole and entire agreement of EdenThistle and me with respect to the subject matter contained herein and supersedes all prior and contemporaneous understandings, agreements, representations, and warranties, both written and oral, with respect to such subject matter. If any term or provision of this Release is invalid, illegal, or unenforceable in any jurisdiction, such invalidity, illegality, or unenforceability shall not affect any other term or provision of this Release or invalidate or render unenforceable such term or provision in any other jurisdiction. This Release is binding on and shall inure to the benefit of EdenThistle and me and our respective successors, assigns, heirs, executors, and personal representatives. All matters arising out of or relating to this Release shall be governed by and construed in accordance with the internal laws of the State of Georgia without giving effect to any choice or conflict of law provision or rule (whether of the State of Georgia or any other jurisdiction). Any claim or cause of action arising under this Release may be brought only in the federal and state courts located in or near Dade County, Georgia and I hereby consent to the exclusive jurisdiction of such courts.

BY SIGNING, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD ALL OF THE TERMS OF THIS RELEASE AND THAT I AM VOLUNTARILY GIVING UP SUBSTANTIAL LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE EDENTHISTLE.

SIGNED: _____

PRINTED NAME: _____

DATE: _____