



SPLASHING PAWS, LLC

Ash Scattering & Memorial Remains Handling Agreement
Liability Waiver • State of Arizona

Date: _____

Please Read Carefully Before Signing

This agreement governs the handling, transport, and scattering of cremated pet remains by Splashing Paws, LLC. By signing, you acknowledge that you have read, understood, and voluntarily agree to all terms.

Client Name

Phone

Email

Date of Service

Pet Name

Species / Breed

I understand and acknowledge that Splashing Paws, LLC may, as part of its memorial services, assist with or facilitate memorial activities involving cremated remains (“ashes”) of my pet.

I agree to the following terms:

1. CHAIN OF CUSTODY

I understand that I am responsible for providing cremated remains in a sealed and properly labeled container unless otherwise arranged through a third-party cremation provider.

Splashing Paws, LLC is not responsible for:

- Identification errors from third-party cremation providers
- Mislabeling or mix-ups occurring prior to receipt of remains
- Pre-existing issues related to cremation services

Initials:

Client initials confirming chain of custody responsibility

2. MEMORIAL HANDLING

I authorize Splashing Paws, LLC to:

- Transport cremated remains within the event area for memorial purposes
- Assist in holding, presenting, or placing remains during ceremony activities
- Conduct or facilitate symbolic memorial rituals (if requested by owner)

I understand that all handling will be performed with reasonable care and respect.

Initials:

Client initials confirming memorial handling authorization

3. ASH SCATTERING ACKNOWLEDGMENT

If ash scattering is performed as part of the service, I understand and agree that:

- Scattering may occur in a natural environment within Arizona
- Wind, terrain, and environmental conditions may affect dispersal patterns
- Exact placement or containment of ashes cannot be guaranteed
- Once ashes are released, they cannot be recovered

I voluntarily assume all risk associated with memorial scattering activities.

Initials: _____ *Client initials confirming ash scattering acknowledgment*

4. LOCATION & LEGAL COMPLIANCE

I understand that:

- Scattering may only occur on private property or legally permissible locations as determined by Splashing Paws, LLC
- Certain public lands in Arizona may have restrictions on ash dispersal
- Splashing Paws, LLC will act in good faith to follow applicable regulations, but ultimate legal responsibility for authorization remains shared with the client

Initials: _____ *Client initials confirming location & legal compliance understanding*

5. RELEASE OF LIABILITY (MEMORIAL REMAINS)

To the fullest extent permitted by Arizona law, I release Splashing Paws, LLC, its owners, employees, contractors, and affiliates from any liability related to:

- Handling, transport, or temporary custody of cremated remains
- Memorial placement or scattering outcomes
- Emotional distress arising from memorial ceremonies
- Actions of third-party cremation providers

Initials: _____ *Client initials confirming release of liability for memorial remains*

6. CLIENT ACKNOWLEDGMENT

I understand that memorial ceremonies are symbolic and ceremonial in nature and are not controlled, scientific, or recoverable processes.

I accept that outcomes may vary and that the experience is intended for remembrance and closure rather than physical precision.

Initials: _____ *Client initials confirming understanding of ceremonial nature*

7. ARIZONA GOVERNING LAW & SEVERABILITY

This agreement shall be governed by and construed in accordance with the laws of the State of Arizona. If any provision of this agreement is found to be unenforceable, the remaining provisions shall remain in full force and effect.

8. ACKNOWLEDGMENT OF UNDERSTANDING

By signing below, I confirm that:

- I have read and fully understand this agreement
- I understand I am giving up certain legal rights by signing
- I am signing voluntarily and without coercion
- I am legally competent to sign this agreement
- All information provided is accurate and complete

Client Signature	Printed Name	Date
_____	_____	_____

Address	Phone / Email
_____	_____