

Application For K-9 Studio Obedience, Agility and Show Classes

Handler Information (Please Print)

NAME	How did you learn about these classes?	
STREET	CITY	PROVINCE
POSTAL CODE	PHONE	AGE (if under 18)

Dog Information

BREED	AGE	SEX <input type="checkbox"/> M <input type="checkbox"/> F	Spayed <input type="checkbox"/>
CALL NAME	Last vaccination dates Rabies/DHL/Parvo		Neutered <input type="checkbox"/>
VETERINARIAN			
Briefly state what you hope to accomplish:			
Has your dog ever bitten growled or snapped at yourself or another person? (Be candid please) Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please write below, giving info on circumstance, and how you dealt with it			

AS A CONDITION OF ACCEPTANCE OF THIS APPLICATION, THE AGREEMENT BELOW MUST BE COMPLETED AND SIGNED

AGREEMENT TO HOLD HARMLESS, WAIVER AND ASSUMPTION OF RISK

I understand that attendance at a dog obedience / agility / show handling training class is not without risk to myself, members of my family or guests who may attend, or my dog, because some dogs to which I will be exposed may be difficult to control and may be the cause of injury even when handled with the greatest amount of care.

I hereby waive and release LINDA SICZKAR (K-9 STUDIO DOG TRAINING CENTRE) AND/OR THE CITY OF THUNDER BAY.

Hereinafter referred to as the "Training Organization", its employees, officers, members and agents from any and all liability of any nature or damage which I or my dog may suffer including specifically, but not without limitation, any injury or damage while attending any training session or any other function of the Training Organization, or while on the training grounds or surrounding area thereto.

In consideration of, and as inducement to the acceptance of my application for training membership by this Training Organization, I hereby agree to indemnify and hold harmless this Training Organization, its employees, officers, members and agents from all claims, or claims by any member of my family or any other person accompanying me to any training session or function of the Training Organization, or while on the grounds of the surrounding area thereto as a result of any action by any dog, including my own.

To the best of my knowledge and belief my dog has never exhibited aggressive tendencies which would constitute a danger to other persons or dogs.

_____ Signature of Owner or Authorized Agent (in case of a minor, a parent or legal guardian must sign)	_____ Date
_____ Name of Owner (if different from name above)	
_____ Address, City and Postal Code of owner if different from above name	

Please do not write in the space below

- MC Visa Am X Debit
 Cash Cheque

CLASS	DAY	TIME