

Day: _____ Start Date: _____ CLASS: _____
 TIME: _____ Instructor: _____ COST: _____



Class Registration form

Owner's Name _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Email Address: _____
 Dog's Name: _____ Breed: _____ Age: _____
 Sex: M / F Neutered Y / N Veterinarian: _____
 Rabies Inoculation Date: _____ DHPP Date: _____

How long have you owned this dog? _____
 Describe any previous training: _____

Describe what you hope to accomplish: _____

Release and agreement to hold harmless and indemnify, and assumption of risk.

I understand that attendance at a dog obedience/training class is not without risk to me, members of my family, guests, or my dog, because some of the 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 agree to assume the risk of injury to me or my dog.

I hereby release American K9 Country, its employees, officers, instructors, members and agents from any and all liability of any nature, for injury or damages which I or my dog may suffer, arising from the action of the training organization, its employees, officers, members, and agents or any cause whatsoever including specially, but without limitation, any injury while attending any training session, or any other function of the training organization, or while on the training grounds or the 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 any and all claims, or claims by any member of any family or any other person accompanying me to any training session or function to the training organization, or while on the grounds or the surrounding area thereto as a result of any action by any dog, including my own, or any action by employees, officers, members or agents of the training organization including any action by the instructors, or by employees, officers, members, and agents from the training organization.

Signature of Owner: _____ Date: _____

Name of Handler (if different): _____ Signature: _____

Note: All signatories must be 18 years of age or have parent or legal guardian signature.

For Office Use Only:
 DATE OF PAYMENT ____ / ____ / ____ CASH...VISA....M/C....CHECK# _____ AK9C _____