

Run As One Agility Seminar/Class/Lesson Application

Name: _____ Dog's Name: _____
Address: _____ Breed: _____
City, State Zip: _____ Age: _____ Sex: M F
Phone: _____ Spayed/Neutered: Yes No
Email: _____

What Do You Want To Work On With Your Dog? _____

VACCINATIONS REQUIRED: Adult Distemper, Parvo, Rabies and Bordetella. Please do not bring your dog onto the property within 24 hours of any vaccination.

Copies of vaccination records must be given to the instructor to keep.

Do You Have Vaccination Record copies: Yes No

Female Dogs in heat may not attend Instruction.

Other Requirements: Dog must be current on Heartworm Preventative & Flea Control

AGREEMENT TO HOLD HARMLESS, WAIVER AND ASSUMPTION OF RISK

I UNDERSTAND THAT DOG TRAINING IS NOT WITHOUT RISK TO MYSELF, MEMBERS OF MY FAMILY OR GUESTS WHO MAY ATTEND MY TRAINING SESSION, OR MY DOG. I HEREBY RELEASE "Run As One Agility LLC", IT'S EMPLOYEES, VOLUNTEERS, OFFICERS AND AGENTS FROM ANY AND ALL LIABILITY OF ANY NATURE, FOR INJURY OR DAMAGE WHICH I OR MY DOG MAY EXPERIENCE DURING OUR TRAINING SESSIONS WHILE ON THE TRAINING GROUNDS OR THE SURROUNDING AREAS/PROPERTY THERETO.

I AGREE TO INDEMNIFY AND HOLD HARMLESS "Run As One Agility LLC ", IT'S EMPLOYEES, VOLUNTEERS, OFFICERS, AND AGENTS FROM ALL CLAIMS, OR CLAIMS BY ANY MEMBER OF ANY FAMILY OR ANY OTHER PERSON ACCOMPANYING ME TO ANY TRAINING SESSION, WHILE ON THE GROUNDS AND THE SURROUNDING AREA THERETO AS A RESULT OF ANY ACTION BY ANY DOG, INCLUDING MY OWN.

Signature of Owner or Authorized Agent or Signature of Handler if not the same. If a minor, legal guardian signature including information below ONLY if different from top of page

Signature

Date

Name: _____

Address: _____

City, State Zip: _____

Phone: _____