Run As One Agility Seminar/Class/Lesson Application & Agreement

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 Distember Parvo R	abies 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 in	structorto keep.
Do You Have Vaccination Record copies: Yes No	
Female Dogs in heat may not attend Instruction.	
Other Requirements: Dog must be current on Hea	rtworm Prev <mark>entati</mark> ve & Flea Control
AGREEMENT TO HOLD HARMLESS, WAIVER AND ASSU	IMPTION OF RISK
I UNDERSTAND THAT DOG TRAINING IS NOT WITHOU	T RISKTO MYSELF, MEMBERS OF MY FAMILY OR GUESTS WHO
	EREBY RELEASE "Run As One Agility LLC", IT'SEMPLOYEES,
	ND ALL LIABILITY OF ANY NATURE, FOR INJURY OR DAMAGE
WHICH I OR MY DOGMAYEXPERIENCE DURINGOURT	RAINING SESSIONS WHILE ON THE TRAINING GROUNDS OR
THE SURROUNDING AREAS/PROPERTY THERETO.	
I AGREETO INDEMNIFYAND HOLD HARMLESS "Run As	one Agility LLC ", IT'S EMPLOYEES, VOLUNTEERS, OFFICERS,
AND AGENTS FROM ALL CLAIMS, OR CLAIMS BY ANY M	
ACCOMPANYING ME TO ANY TRAINING SESSION, WHI	
THERETO AS A RESULT OF ANY ACTION BY ANY DOG H	ANDLER OR DOG OWNER OR DOG INCLUDING MY OWN.
Signature of Owner or Authorized Agent or Signature o	f Handler if not the same. If a minor, legal guardian signature
including information below <u>ONLY if different from top</u>	
	 Date
Emergency Contact: Name	Phone: