

KEY CITY KENNEL CLUB AGILITY TRAINING APPLICATION

PLEASE PRINT

Handler's name: _____

Address: _____ City & Zip _____

Phone: _____ Email _____

Register me for _____ Class on _____ (date/day) at _____ (time)

Are you willing to be put on a wait list if your selected class is full? Yes ___ No ___

Dog's name _____ Date of Birth: _____ Breed: _____

Male Neutered Female Spayed Vet/Clinic _____

If you own a female and she goes into season, please make sure she is wearing protective panties. Initials: _____

Rabies Vaccination Due _____ distemper/parvo combo Vaccination Due _____

(State law allows us only to require rabies vaccination, paid invoices will not be accepted, for dogs over 16 weeks of age. Participation in a class situation involves the possibility of exposure to both diseases (distemper, kennel cough, etc.) and parasites (worms, fleas). To protect your dog, please make certain it has received all vaccinations appropriate for its age and that it is free from parasites, both internal and external.)

Is your dog comfortable in a kennel? Yes ___ No ___

Has the dog ever bitten anyone? Yes No If so please describe when this happened and the circumstances on backside.

Has the dog ever been in a fight with or shown aggression toward another dog? Yes No If so, please describe circumstances and how many on backside.

Can this reliably demonstrate its obedience training? (sit, down, stay, and recall)? Yes No Where? _____

How did you hear about KCKC training classes: _____

I understand that there will be no refund of fees unless the class I'm registering for is full or if requested in writing at least two weeks prior to the class start date.

I understand that there is a possibility of injury to you or your dog in inherent in any dog sport.

I agree that the Key City Kennel Club, its instructors, assistants and members are providing a service to my dog and me, that they are assisting us in good faith, and that they provide safe equipment in a proper environment for dog training. I agree to hold harmless the Key City Kennel Club, its officers, instructors, assistants, members and agents for any injury, sickness, or adversity that may come to me or to my dog because of our participation in dog training classes sponsored by the Key City Kennel Club. By signing this form, you are attesting the information is true and correct.

Handler's Signature: _____ Date: _____

Parent's Signature for handlers over 16 but under 18 years of age: _____

Please read and sign the Waiver and Release of Liability on the next page.

Return this application, a check made out to KCKC for the appropriate fee, and a copy of your dog's rabies certificate to:

Key City Kennel Club
Lori Espeland, Training Director
PO Box 231
Truman, MN 56088

Waiver and Release of Liability

1. By signing this Waiver and Release of Liability (Agreement), I waive and release , its agents, servants, employees, insurers, successors and assigns from any and all claims, demands, causes of action, damages or suits at law and equity of any kind, including but not limited to claims for personal injury, property damage, medical expenses, loss of services, on account of or in any way related to or growing out of my presence or involvement at the facility.

This waiver and release are intended to and does release from any and all liability for damages or injuries on account of or in any way related to or growing out of my negligence, the negligence of third parties and 's negligence. This is not intended to release from any liability resulting from their intentional conduct.

I further covenant and agree not to institute any claims or legal action against for any claim released by this Agreement. I further agree that should any claim be made against in contravention of this Agreement, including but not limited to derivative claims, I will protect, defend and completely indemnify (reimburse) for any such claim and expenses including attorney's fees and costs incurred by in defending themselves or security indemnity hereunder.

2. I understand that is not responsible for any lost, stolen, or damaged valuables or property.

3. I acknowledge that I have received and read a copy of the current rules and regulations governing the use of the facility. I agree that I will fully comply with all rules and regulations and with any amendments.

I have read the Agreement and understand that by signing the Agreement I have consented to be bound by its terms, including the waiver/release of any legal right I may have to sue for any costs they incur because a claim or legal action is brought in violation of this Agreement. I agree any violation of the Agreement and its terms and conditions, as determined by, will void and terminate this Agreement and may result in loss of the ability to use the facility.

I am signing this Agreement freely, voluntarily and competently and am at least eighteen (18) years of age.

Name (please print) _____

Signature _____ Date _____

This Waiver and Release of Liability Form is a guideline. It does not address potential compliance issues with federal, state or local law, and it is not meant to be exhaustive or construed as legal advice. The contents of this waiver, and the extent of its effectiveness in court, may be affected by state law. Consult your licensed commercial property and casualty representative at or legal counsel to address possible compliance requirements.

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