

Doggy Boot Camp Registration Form

Date of first class: Sept. 10, 2019

Place: Whitepine Grange Hall

Name of handler _____

Age if under 18 _____

Address _____

Phone _____ Cell _____

Email (primary method of contact) _____

Dog's call name _____

Breed _____ Age _____

Gender _____ Neutered/Spayed? Yes / No

What are your goals for this class? _____

What would you most like to improve about your dog's behavior? ____ (use back side of form)

Sanders County Dog Training Club Liability Waiver and Release

I understand that my participation in any dog training classes or events sponsored by Sanders County Dog Training Club and/or Jan Manning includes an element of risk for me, attending family members/guests and my dog, which includes, without limitation, risks of illness, falls, bites and injury through contact with other participants, their dogs, or interior/exterior surroundings of any facility where training takes place. I understand that participation by me, attending family members/guests, and my dog is voluntary and that each person hereby expressly agrees to hold Sanders County Dog Training Club, Jan Manning and agents harmless from any liability whatsoever resulting from, and injuries or damages sustained as, a result of participation in the training, even though such liability may arise out of negligence or carelessness on the part of the persons named in this Waiver and Release. I, and attending family members/guests, individual, and on behalf of their respective heirs, assigns or successors, hereby expressly waives, releases and discharges Sanders County Dog Training Club and Jan Manning make no representations, guarantees or promises, implied or expressed, that any training received from its agents will cure a dog of any dangerous propensities, or that injuries, damages or causes of action that are in any way related to participation in the training, even though such liability may arise out of negligence or carelessness on the part of the persons named in this Waiver and Release. It is fully understood that regardless of the training received by the animal, a dog always possesses the propensity to bite. I hereby agree to indemnify and hold harmless Sanders County Dog Training Club, Jan Manning and agents from any and all claims, or claims by any member of my family or any other person while on the grounds of any facility where training takes place, the surrounding area thereto, or on my own property or in a public area as a result of any action by any dog, including my own.

I affirm and have proof that my dog is current on all vaccinations appropriate for my dog. I agree to abide by all rules presented during the training.

Name (print) _____

Signature (must be 18 or older) _____ Date _____

Fee: \$45 for current SCDTC members. \$65 for non-members.* Make check payable to: SCDTC and mail with this form to: SCDTC, PO Box 641, Thompson Falls, MT 59873

**The \$65 fee INCLUDES a year membership in SCDTC.*