

Tails and Trails Training Waiver and Agreement

Registration forms must be mailed with a copy of your vaccination records, or you must bring a copy to the first class. Puppies must have two DHPP vaccinations plus a Kennel Cough (Bordetella) vaccination. Adult dogs must be current on all vaccinations: DHPP, Rabies, and Bordetella.

Owner Name: _____ Email: _____
Street Address: _____ City/Zip: _____
Phone#: Day: (____) _____ Evening: (____) _____
Dog's Name: _____ Breed: _____
Spayed/Neutered?: _____ Age: _____
Veterinarian: _____ Contact#: _____

Location & Class for which you are registering: _____

How did you hear about our classes? _____

Please tell us your concerns, comments, questions or any important information about your dog:

Has your dog **ever** shown aggression (lunging, growling, baring teeth, snapping, and/or biting towards another dog, animal or person?

By submitting the above form I/We, _____, agree that as consideration for use and enjoyment of the class and facilities, I/We hereby release Tails and Trails Training, Shawn Falls and Moe Tibbetts, other class instructors, employees, including those owning or working for the physical facility where classes are conducted, from any claims of damage or liability including attorney's fees, medical payments, property damage, or bodily injury damages.

I/We also agree that I am assuming the risk of participating in training where there are other dogs whose temperament is unknown to me; that I assume full responsibility for any injury that may occur to me, to my dog or dogs, or other property, or any damage that would ordinarily be due me, that I/We waive any right that I may have to institute any suit or other proceedings to recover therefore.

I/We further agree that there will be no refunds for missed classes for the discontinuation of classes. If there is an unusual circumstance, the Instructor may make an exception at his/her discretion and assign a student to another class that will be convenient for both parties. If, for any reason, the instructor cannot complete the class, a refund on a prorated basis, or a substitute instructor, will be offered.

_____ I/We acknowledge that I have read and fully understand this document (Please Initial)

Signed this _____ day of _____, 2008.

Client

Please mail to: Tails and Trails Training, 1641 W. County Line Rd., Greenwood, IN 46142. Please make your check payable to Tails and Trails Training.