

Canine Company Clicker Training and Consulting Course Registration

Owner's name:	
Street Address:	
Town	Postal Code
Phone (h)	Phone (w)
Handler's name (if other than owner):	Email:
If handler is under 16 years of age, name of adult who accepts responsibility in the class.	
Breed:	Dog's Name:
Sex: M ____ Neut. ____ F ____ Spayed ____	
Dog's age:	Age when purchased:
Has your dog <u>ever</u> bitten or attempted to bite? Yes ____ No ____ If yes, see below.	
Explain situation indicated above:	

I understand that at all times the actions of my dog are my responsibility.

All dogs must wear properly fitted equipment approved by the trainer. No choke or prong collars are allowed.

Owners of dogs participating in classes conducted by Canine Company must provide a veterinarian's certificate attesting to recent vaccinations.

Entry may be refused to anybody deemed by the trainer of Canine Company to be unsafe.

Payment in full, unless previous arrangements have been made, is due the date of the first class (orientation).

No course fees will be refunded.

Waiver, Assumption of Risk and Agreement to Hold Harmless

I understand that attendance of a dog obedience training class is not without risk to myself, members of my family or guests who may attend, or my dog, because some of the dogs to which (I/we) will be exposed may be difficult to control and may be the cause of injury even when handled with the greatest amount of care or otherwise. I hereby waive and release Canine Company, its landlord, employees, owners and agents from any and all liability of any nature, for injury or damage that I or my dog or members of my family or my guests may suffer, including specifically but not limited to any injury or damage resulting from the action or inaction of any dog or its owner or handler, or from the action or inaction of the landlord, Canine Company, or their employees, owners or agents, whether arising from negligence or any other reason or cause whatsoever, and I expressly assume the risk of any such damage or injury while attending any training session or function of Canine Company, or while on the training grounds or the surrounding area thereto.

In consideration of and as inducement to the acceptance of my application for training membership in this obedience training class of Canine Company, I agree to indemnify and hold harmless Canine Company, their employees, its landlord, owners and agents from any and all claims by me, or claims by any member of my family or any other person accompanying me or my dog to any training session or function of Canine Company or while on the grounds or the surrounding area thereto as a result of any action or inaction by any owners or agents, whether arising from negligence or any other reason or cause whatsoever.

I acknowledge that I fully understand the terms and provisions of this Waiver, Assumption of Risk and Agreement to Hold Harmless and that I am setting my hand hereto delivering the same freely and voluntarily and unconditionally.

Signature of Owner/Handler or Legal Guardian: _____ Date: _____

Thank you for completing this form. We hope you enjoy the classes. Please do not write below this line.

Course: _____ Start Date: _____ Vacc. Date: _____ Veterinarian: _____	Course Fee: _____ Other: _____ Cash / Cheque: _____ Total: _____
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