

Trail Creek Dog Training Club
Mailing address: P.O. Box 112 La Porte IN 46352

Name: _____ Telephone number: _____

Handler's name: _____ Age of handler (if under 18): _____

Dog's Name: _____ Breed: _____ Dog's age _____

Address: _____ Email address: _____

How did you first hear about Trail Creek Dog Training Club?

Newspaper ad Web site Friend Other _____

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Immunization dates: On file (club use only)

Rabies: _____

DHL: _____

Fecal Test: _____

Parvo: _____

Veterinarian: _____

Clinic: _____

- Puppy Obedience \$50
- Beginning Obedience \$70
- Rally Obedience \$70
- Other _____
- Beginning Agility \$70
- Intermed. Agility \$70
- Advanced Agility \$70

Shelter dogs receive a 25% discount on their first class

I understand that attendance of a dog training class is not without risk to me, my dog, members of my family or guests who may attend 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.

I hereby waive and release TRAIL CREEK DOG TRAINING CLUB, officers, members and agents from any and all liability of any nature, for injury or damage which I or my dog may suffer, including specifically, but without limitation, any injury or damage resulting from the action of any dog. I expressly assume the risk of any damage or injury while attending any training session or other function of the club or while in the training building, grounds or the surrounding area.

I also hereby agree to indemnify and hold harmless this club, officers, members and agents from any and all claims, or claims by any member of my family or any other person accompanying me to any training session or function of the club or while on the grounds or surrounding area thereto as a result of any action. by any dog, including my own.

Signature of handler (if different from the owner): _____ Date: _____

Signature of owner: _____ Date: _____

Please **print** name of owner: _____