AGILITY DREAM DOGS: CLASS ENROLLMENT

ame: (please print legibly)				
Address:	State	_Town	Zip	
Contact information:				
Email Address:		_		
Phone number:				
In case a class is canceled, how would you like us to contact you? (please circle one)				
Phone call	Text me	essage E	mail	
Dog's information:				
Dog's Name:				
Dog's Breed: Dog's Age: _		Dog's Vet:	\	-0
Does your dog have a history of aggression? (bitten people or gotten into a fight?)				
Have you previously taken any Agility Classes? If yes; what level was your last class, and who was the instructor?				
Do you have any equipment to work on at home? (list equipment and # of)				
Training goals: What do you hope to accomplish taking this class	? (Check of	your reason)		
Improve specific obstacle:	c	ompete in a trial	Learn Agility	
Exercise/fun opportunity Work on Han	dling	Other:		_
For instructors use only*			Rabies Exp:	
Class level: Beginner Advanced	Intermedi	ate Foundation	Other	
Class Date: M T W Th	F S	Class time:	Class start date:	

agilitydreamdogsny@gmail.com • agilitydreamdogsny.wix.com/dreamdogs • (585) 283-4724

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Release of Liability

(Please sign & return)



Dog training and Dog Sports are inherently dangerous both to the owners and trainers involved, and the spectators and animals that they train and train with. Taking part in ANY Dog Sport or affiliated class including but not limited to Agility, Obedience, Group Lessons, Private Lessons, or Fun Runs includes the acceptance of certain elements of risk to all parties involved; both canine and human, and possibly personal property.

The Owners of the company known as Agility Dream Dogs and the training property included, will not under any circumstances be held liable for any injury or loss to person, animal, or personal property regardless of the cause or fault of said loss or injury. This includes but is not limited to acts of others currently using the facilities whether negligent on their part or not. Also included are accidents from "slip & fall" whether due to ground conditions, injuries from faulty equipment, bites or stings from poisonous snakes, plants, or insects; and Acts of God. All the above pertains to the Trainers in residence at the actual site; Jim, Della, Rachael, or any Trainer currently employed by Agility Dream Dogs, either part time or full time. Every effort will be made to make your training experience a pleasant, safe, and rewarding experience.

By signing this form, I am verifying that I have read and understand the above RELEASE OF LIABILITY and agree to comply completely.

Date: _____

Print Name (parent/legal guardian if Minor)

Signature (parent/legal guardian if Minor)

Witness Print Name

Witness Signature

*This release will be kept on file at Agility Dream Dogs as long as you are a current student or for 1 year past your last attendance at any class or event