



TRAINING CLASS REGISTRATION and WAIVER AND RELEASE FORM

Classes ♦

Agility Levels: Foundation Beginner Beginner II Intermediate Competition

Other Classes Fun/Focus Tricks Rally Novice Rally Advanced CGC

Session: Date _____ Time _____ Fee _____ Total Due: \$ _____

Ra
Payment can be made by cash, or check. *Make checks payable to BHAD.*

♦If you and your dog have taken previous classes, please describe: _____

Handler Information

Name: _____ E-mail Address: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone: Home _____ Work _____ Cell _____

Canine Information

Name _____ Breed _____ Age: _____ Sex: M F

Spayed/Neutered: Yes No Date of Last Vaccinations: _____

Waiver and Release

I understand the risks inherent in training my dog(s) and that I must take all possible safety precautions against injury and disease. My dog is current on all vaccinations and is in good health. I will take all reasonable efforts to protect my dog and to assure that my dog does not impose a threat to any person or dog in class.

I agree to hold Blue Heron Agility Dogs, Inc., the instructor(s) and the property owner(s) where the training is held harmless from any claim or loss or injury which may be alleged to have been caused directly or indirectly during these training sessions or while on this property.

I choose to participate in these dog training activities and understand that any dog training in groups in general could cause injury to my dog or myself. I personally assume all responsibility and liability for any claims arising out of these sessions.

Signature: _____ **Date:** _____

Junior Handler Name: _____

Parent/Guardian: _____

