



WAIVER AND RELEASE FORM

Agility Levels: Focus ____ Beginner ____ Novice ____ Open ____ Master/Excellent ____

Other Classes: _____

Session: Day _____ Time _____ Member ____ or Non Member ____

Handler Information

Name: _____ E-mail Address: _____

Street Address: _____ City: _____ State: _____

Zip: _____ Phone: _____

Canine Information

Name: _____ Breed: _____ Age: _____ Sex: _____

Spayed/Neutered: Yes or No

****Please bring your waiver, proof of vaccination & check to the first class.**

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: _____