



# GROUP CLASS REGISTRATION AND RELEASE FORM

OWNER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ ALT PHONE \_\_\_\_\_

DOG'S NAME \_\_\_\_\_ BREED \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_


IS YOUR DOG NEUTERED? \_\_\_\_\_ DOES HE/SHE LIKE OTHER DOGS? \_\_\_\_\_

ARE YOU HAVING ANY BEHAVIOR PROBLEMS WITH YOUR DOG? \_\_\_\_\_

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I, \_\_\_\_\_, being of lawful age and the owner of \_\_\_\_\_, (name of dog), a \_\_\_\_\_, (breed of dog), understand the educational purposes of A Dog's Best Friend Professional Dog Training, and in consideration of being allowed to participate in the training class being provided by A Dog's Best Friend, hereby agree on behalf of myself, my spouse, heirs, legal representatives, assigns, guests, invitees and my insurer that: I am fully aware and acknowledge that training can cause stress in dogs and that the training will be done in the presence of other persons and animals; I am fully aware of the risks and dangers involved and hereby accept full responsibility for any and all risks of bodily injury to myself, my dog, or to any other person and/or animal which results from the attendance and participation in such training. I hereby release A Dog's Best Friend, The City of Ft. Lauderdale, Snyder Park, their officers, agents, directors, employees, representatives, other enrollees, and the instructor/trainers from any and all claims, demands, expenses, and liability, whether from personal injury, death, property damage, violations of law which is caused by the undersigned and which in any way arises out of or relates to a function or activity of A Dog's Best Friend.

I have carefully read and understood the Release and Hold Harmless Agreement and am executing this instrument voluntarily.

Date \_\_\_\_\_ Signed \_\_\_\_\_  Print \_\_\_\_\_

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### PLEASE COMPLETE VACCINE INFORMATION

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Payment enclosed: Check # _____	Date _____	Cash _____	Amount _____
Visa/ MC #: _____	Exp Date _____		
REGISTERED FOR CLASS BEGINNING _____	BASIC _____	ADVANCED _____	