

Pawsitive Energy Dog Training and Agility

Owners's name:_____

Email _____PH#_____

Address_____

Dog's Name _____Breed _____Age ____Sex ____

Name & start date of desired class _____

How did you hear about us? _____

Vet's Name _____

Emergency contact _____

PH# _____Relationship _____

AGREEMENT TO HOLD HARMLESS, WAIVER & ASSUMPTION OF RISK

I UNDERSTAND THAT THE ATTENDANCE OF A DOG TRAINING CLASS IS NOT WITHOUT RISK. THIS INCLUDES RISK TO MYSELF, MEMBERS OF MY FAMILY, GUESTS WHO ATTEND, OR TO MY DOG. EVEN WHEN DOGS ARE HANDLED WITH THE GREATEST AMOUNT OF CARE INJURIES COULD OCCUR. I HEREBY WAIVE AND RELEASE ROY OR RUTH GOODE (PROPERTY OWNERS) AND RUTH GOODE, JANIS REED, AND BONNIE DISNEY (DOG TRAINERS) FROM ANY AND ALL LIABILITY OF INJURY. THIS INCLUDES DAMAGE TO PROPERTY, MYSELF OR MY DOG. INCLUDING SPECIFICALLY WITHOUT LIMITATION ANY INJURY OR DAMAGE RESULTING FROM THE ACTION OF ANY DOG. I EXPRESSLY ASSUME RISK OF SUCH DAMAGE OR INJURY WHILE ATTENDING ANY TRAINING SESSION OR WHILE ON THE TRAINING GROUNDS AND THE SURROUNDING AREA.

MY DOG HAS BEEN EXAMINED BY A LICENSED VETERINARIAN AND HAS RECEIVED RECOMMENDED VACCINES WITHIN THE PAST YEAR.

Signature _____

Print name _____Date _____

To "hold" a spot in a class please mail this form and your class fee to:

Janis Reed, 8132 Lake Tree Lane Indianapolis, IN. 46217

