

PAWSITIVE ENERGY

Class Registering For: *(please circle one)*

Puppy

Obedience

Agility

Owner's Name: _____

Phone: _____

Cell: _____

Email: _____

_____ Do NOT email me about future classes or events but email me about the class I'm registering for.

Address: _____

How did you hear about us? _____

Dog's Name: _____ **Breed:** _____

Age: _____ Sex: _____ Vet's Name: _____

Emergency Contact: _____

Phone: _____

Relationship: _____

AGREEMENT TO HOLD HARMLESS, WAIVER & ASSUMPTION OF RISK

I UNDERSTAND THAT THE ATTENDANCE OF A DOG TRAINING CLASS IS NOT WITHOUT 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.

I HEREBY WAIVE AND RELEASE ROY OR RUTH GOODE (PROPERTY OWNERS) AND RUTH GOODE, JANIS BURKMAN, CANDACE McKING AND BONNIE DISNEY (DOG TRAINERS) FROM ANY AND ALL LIABILITY OF ANY NATURE, OR INJURY OR DAMAGE WHICH MYSELF OR MY DOG MAY SUFFER. INCLUDING SPECIFICALLY, BUT 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 OR 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)

Deposit--to "hold" a spot in a class a non-refundable \$30 deposit is required. Mail deposit and these forms to:
Janis Burkman, 7760 South 900 East, Elizabethtown, IN 47232