



Blue Ridge K-9 Training Center

P.O. Box 297 • Blue Ridge Summit, PA 17214 • 717-794-2717

APPLICATION FOR TRAINING

HANDLER INFORMATION Please Print	
Name _____ Street _____ City _____ State _____ ZIP _____ Home Phone _____ Email Address _____	How did you learn about these classes? <input type="checkbox"/> Former Trainee <input type="checkbox"/> Current Trainee <input type="checkbox"/> Telephone book <input type="checkbox"/> Kennel <input type="checkbox"/> Veterinarian _____ <input type="checkbox"/> Newspaper Ad _____ <input type="checkbox"/> Groomer _____ <input type="checkbox"/> Other _____
Please return this form along with \$25.00 for your non-refundable registration fee. \$ _____ balance due at start of class. All forms must be returned promptly, we cannot assure a place in class without receipt of your paperwork.	
DOG INFORMATION Please Print	
Breed _____ Dog's Name _____ Veterinarian _____ How long have you had this dog? _____ Have you owned a dog before? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you trained a dog before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Age _____ Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Neutered <input type="checkbox"/> Spayed Last Vaccination Dates _____ Rabies _____ DHLpp _____ Kennel Cough _____ Proof of vaccinations required before starting class
Briefly state what you hope to accomplish and problems you are currently having. _____ _____	

AGREEMENT TO HOLD HARMLESS, WAIVER AND ASSUMPTION OF RISK

I understand that attendance of a dog obedience training class is not without risk to myself, members of my family or guests who may attend, or my dog, because some of the dogs to which I will be exposed may be difficult to control and may be the cause of injury even when handled with the greatest amount of care.

I hereby waive and release the **BLUE RIDGE K-9 TRAINING CENTER**, hereinafter referred to as the "Training Organization," its employees, officers, members, and agents from any and all liability of any nature, for injury or damage which I or my dog may suffer, including specifically, but not without limitation, any injury or damage resulting from the action of any dog, and expressly assume the risk at such damage or injury while attending any training session, or any other function, of the Training Organization, or while on the training grounds or the surrounding area thereto.

In consideration of and as inducement to the acceptance at my application for training membership by this Training Organization, I hereby agree to indemnify and hold harmless this Training Organization, its employees, officers, members, and agents from any and all claims, or claims by any member of any family or any other person accompanying me to any training session or function to the Training Organization, or while on the grounds or the surrounding area thereto as a result of any action by any dog, including my own.

Signature of Owner or Authorized Agent _____

<p>Please Complete Highlighted Fields (info at this link)</p> <p>Class Date _____ Day _____ Time _____ Instructor _____ Floor # _____ Class _____ Application taken by _____ Date form sent out _____</p>	<p>DO NOT WRITE IN THIS SPACE</p> <p>CHECK</p> <p><input type="checkbox"/> Proof of Vaccinations <input type="checkbox"/> Collar <input type="checkbox"/> Leash</p> <p>PAID \$ _____</p> <p><input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Charge</p> <p>Remarks: _____</p>
--	---