

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 _____
Phone _____ Email _____

Please return this form along with \$25.00 for your non-refundable registration fee. \$_____ balance is due at the start of class. All forms must be returned promptly. We cannot assure a place in class without receipt of your paperwork. Note: Credit Cards not accepted. Check or Cash only

How did you learn about these classes?

____ Former Trainee ____ Current Trainee
____ Telephone Book ____ Kennel
Veterinarian _____
Newspaper Ad _____
Groomer _____
Other _____

Dog Information Please Print

Breed _____
Dog's Name _____
Veterinarian _____

How long have you had this dog? _____

Have you owned a dog before? ____ Yes ____ No

Have you trained a dog before? ____ Yes ____ No

Briefly state what you hope to accomplish and problems you are currently having _____

Age _____ Sex ____ M ____ F
____ Neutered ____ Spayed

Last Vaccination Dates _____

Rabies _____

DHLpp _____ Kennel Cough _____

Proof of vaccination required before starting class

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 the 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 _____

**DO NOT WRITE IN THIS SPACE
CHECK**

____ Proof of Vaccinations ____ Collar ____ Leash

Paid \$ _____

____ Check ____ Cash

Class Date _____ Day _____

Time _____ Instructor _____

Floor # _____ Class _____

Date form Mailed _____