

## Fall 2010 Agility Registration

Please fill out the sections below, sign the bottom of the form, and mail to the above address along with your registration fee.

Your name: \_\_\_\_\_ Ph (home): (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Ph (w / c): (\_\_\_\_\_) \_\_\_\_\_

City/Zip: \_\_\_\_\_ e-mail: \_\_\_\_\_

Dog's name: \_\_\_\_\_ Breed: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: M F Neutered? Y N

Please circle the number of lessons you are registering for:

Agility I, II, Advanced Agility								Obedience for Agility				
#	1	2	3	4	5	6	7	8	#	6	7	8
<b>Fee</b>	\$20	\$36	\$53	\$70	\$86	\$102	\$117	\$132	<b>Fee</b>	\$90	\$103	\$116

All lessons must be used by Nov. 20, 2010. No refunds of class fees will be made after the first session has been attended. There is a \$35 fee for returned checks.

### Rules and Regulations

- Dogs must be under control at all times and must be leashed when not working.
- Dogs who behave aggressively toward or who repeatedly interfere with other dogs will be excused from class.
- Dogs who bark uncontrollably and cannot be quieted by their handlers will be excused from class.
- Equipment safety rules must be observed at all times. Please report any equipment problems promptly.
- Dogs must be taken outside the fenced area to eliminate. Please pick up after your dog.
- Warm up your dog with a *brisk* 20 minute walk before coming to class.
- Handlers must wear rubber-soled athletic shoes. No sandals.
- Participants will be required to assist with setting up and/or tearing down the course at each class.

I have read and agree to abide by the above rules and regulations \_\_\_\_\_ (initial).

### Health Check Requirements

If your dog's annual exam has occurred since your last class, please fill out the section on the following page or submit updated vaccination receipts from your veterinarian.

I understand that agility training is a physically demanding activity and that my dog and I must be in good physical condition. I have obtained my veterinarian's and/or physician's approval as necessary to participate \_\_\_\_\_ (initial).

### Assumption of Risk, Limitation of Liability, Indemnification and Release

*This section must be signed by you in order to train your dog with See Spot Sit, LLC. Your registration cannot be processed without your signature.*

- (i) Trainee acknowledges and agrees that neither See Spot Sit, LLC ("Trainer"), nor any of its employees, members or agents, shall be held liable for any damages (incidental, consequential and/or special), losses, injuries, claims, negligence, harm, financial loss, sums of money, attorneys' fees, costs and/or any causes of action (hereinafter "Damages") associated with the instruction, consultation and training services as may be associated with and/or contemplated by the sessions in which Trainee is participating with his/her/their dog.
- (ii) Trainee acknowledges that training (including agility training), consulting and instruction (including behavior modification) is an inherently dangerous activity and therefore agrees that he/she/they are aware of, and do hereby assume, all risks associated with the instruction, consultation and training, including but not necessarily limited to any dog bites or attacks to any person or property during a session or at anytime thereafter.
- (iii) Trainee hereby agrees to indemnify and hold harmless Trainer, and its employees, members and agents against any Damages resulting from claims made by any third party due to any actions of Trainee's dog, including but not necessarily limited to any bites or attacks.
- (iv) Trainee agrees to release and hold harmless Jennifer Lund, individually, from any and all Damages associated with her being the instructor and owner/landlord of the premises utilized by Trainer.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Health Check Requirements

*Please submit this section or receipts from your veterinarian if your dog's annual exam has occurred since your last training class with See Spot Sit, LLC.*

Your name: \_\_\_\_\_ Dog's name: \_\_\_\_\_

Your dog must have been examined by and received a clean bill of health from a veterinarian. Specifically, your dog must be current on DHPP/DA<sub>2</sub>PP and rabies vaccines. Bordetella vaccines are strongly recommended but are at the discretion of your veterinarian. Dogs must have had a negative stool check, or received appropriate treatment from the veterinarian. Dogs must be free of external parasites (mites, fleas, etc.) at all times. You may have your vet fill out and sign the section below, -or- you may submit printed receipts from your vet showing the appropriate information. ***Dogs without proper health certification will not be admitted to class. No exceptions.***

Vaccine dates: DHPP: \_\_\_\_\_ Rabies: \_\_\_\_\_ Bordetella: \_\_\_\_\_

Stool check: date: \_\_\_\_\_ result: \_\_\_\_\_

If positive, treatment given: \_\_\_\_\_

Any chronic health issues (e.g. dysplasia, seizures): \_\_\_\_\_

I have examined the above named dog and found it to be in good health and free of external parasites.

Vet signature or stamp: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_