

DogSense

CLASS REGISTRATION

Class Name _____

Class Dates _____ Day of Week _____ Time _____

Primary Handler _____

Other family members attending class _____

Mailing address: _____

Phone: (h) _____ (other) _____

Email: _____

Dog's Name: _____ Age or DOB _____ Breed _____

Date of last Rabies Vaccine _____ Veterinarian & phone _____

Please describe your dog's basic personality:

Is your dog reactive to other dogs or shy of people? _____

What are your goals for this class? Do you have any particular concerns or behaviors you would like to try to change?

Payment: Check # _____ Cash _____

*Please make checks payable to CAROLYN ROSS or DOGSENSE.
Mail Registration to CAROLYN ROSS @ P.O. Box 361, Gorham, ME 04038*

Thank you for joining our class!

Carolyn Ross

(207) 929-4482

ttouch@sacoriver.net

LIABILITY RELEASE & INDEMNITY AGREEMENT

I give permission to Carolyn Ross and her assistants to observe, train, and work with my dog(s). I do for myself and for my heirs hereby release and hold harmless Carolyn Ross and her associates and/or employees from and against any & all liabilities, losses, expenses, injuries, damages, suits or judgments whatsoever which may occur or arise in the course of or in connection with my dog training activities at my home, at any training facility, or out in public.

Although injuries are rare, I acknowledge that I understand that while participating in activities designed to teach and/or rehabilitate behavior problems of my dog certain exposures to risk may be involved. These exposures include, but are not limited to, accidents, falls, bites, scratches, damage to property, strenuous physical exercise and the physical and other risks involved in work designed to teach or rehabilitate my dog.

I agree to discuss with the trainer any method or technique I am uncomfortable with. Training of my dog is meant to improve my life with my dog and is never intended to impose any harm or discomfort.

I also understand the CLASS CANCELTION POLICY:

Prior to First Class – Full Refund

Prior to Second Class – Refund less \$50.00

After Second Class - Nonrefundable

I agree that this Liability Waiver and Indemnity Agreement shall be binding upon my heirs, and I expressly assume the risk of any harm that is inflicted upon me, my dog, my property, or any guest of mine.

INFORMED CONSENT

I have carefully read and agree to all parts of this agreement.

Owner/Handler Name: _____ Date: _____

Signature: _____

Address: _____

Email: _____

Dog's Name _____:

Carolyn Ross, CPDT

Carolyn@dogsenseme.com

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