

*****For registrar use only*****

Class _____ Instructor _____

Time _____ Vaccine Verification _____

Date: _____ Handler's Name _____

Address: _____

Phone: _____ Email: _____

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

How long have you had this dog?: _____ Is this your first dog?: _____

What brings you to this class?: _____

RELEASE

I hereby make application to enter the above named and described dog for training and hereby agree to abide by the rules and regulations of the Club to faithfully carry out the recommendations of the instructors and to train the dog to the best of my ability, to attend classes regularly, and to do as much additional training of the dog between class periods as may be recommended by the trainer.

In consideration of the acceptance of this application and entering my dog in class, I hereby agree to hold Licking River Kennel Club, Inc, its members, trustees, officers, agents, superintendents, committees, and/or members thereof and employees of said club holding the classes hereinabove mentioned, and any and all persons connected with or associated with said club, in whatever capacity, HARMLESS from (1) Any loss or injury which may occur to any person or thing by any biting by, or to, or any other act of the said dog or dogs while in or upon the premises grounds, or in or at or near any entrances or exits thereto whether or not and when said dog or dogs is or are being delivered or removed or otherwise handled, and to personally assume full responsibility and liability therefore, and (2) The disappearance and/or loss by theft or otherwise, and/or death of the said dog or dogs hereinabove named, and/or all damages, injuries caused by the negligence or carelessness of the said club in any manner, or by any person or persons and/or by any other cause or causes, directly or indirectly operating while such person or persons and/or and dog or dogs is or are on the premises.

Signature _____

Email. _____