|                                                                                                                                                                                                                                                                        | rd Dog Clu                                                          | <b>b</b> Class   | Registration                                     | n          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------|--------------------------------------------------|------------|
| All classes are held at the clubhouse, 2945 Mountain View Road, Stafford, VA 22556                                                                                                                                                                                     |                                                                     |                  |                                                  |            |
| interesection of Mountain View Rd-Rt 627 and Rock Hill Church Road-Rt 644                                                                                                                                                                                              |                                                                     |                  |                                                  |            |
| Puppies are required to have the vaccinations appropriate for their age.  Copies of Vaccination records and Rabies certificates must accompany each registration form with payment                                                                                     |                                                                     |                  |                                                  |            |
| Copies of Vaccination                                                                                                                                                                                                                                                  | n records and Rabies certifi                                        | cates must accom | pany each registration form wil                  | in payment |
|                                                                                                                                                                                                                                                                        |                                                                     |                  | he website: www.StaffordDogCl                    | ub.org     |
| You will be contracted by phone or email prior to class start date.  Make checks payable to:  A Copy of your dog's rabies certificate must                                                                                                                             |                                                                     |                  |                                                  |            |
| Stafford Dog Club                                                                                                                                                                                                                                                      | ord Dog Club  Dacey Lane  For more information:  Lynne 412-445-7669 |                  | must accompany your application.  No exceptions. |            |
| 14 Dacey Lane                                                                                                                                                                                                                                                          |                                                                     |                  |                                                  |            |
| Stafford, VA 22556                                                                                                                                                                                                                                                     | Ken 540-604-0526                                                    |                  |                                                  |            |
| Select a class: (Please use a separate form for each class)  Class Start Date                                                                                                                                                                                          |                                                                     |                  |                                                  |            |
| Beginner Obedience                                                                                                                                                                                                                                                     | (7) week session                                                    | \$90.00          |                                                  |            |
| Novice Obedience                                                                                                                                                                                                                                                       | (7) week session                                                    | \$80.00          |                                                  |            |
|                                                                                                                                                                                                                                                                        |                                                                     |                  |                                                  |            |
|                                                                                                                                                                                                                                                                        |                                                                     |                  |                                                  |            |
| Dog Name:                                                                                                                                                                                                                                                              | Sex                                                                 | Date of birth    | Veterinarian:                                    |            |
| Dog Breed:                                                                                                                                                                                                                                                             | Date of Last vaccination:                                           | <u> </u>         | -                                                |            |
|                                                                                                                                                                                                                                                                        |                                                                     |                  |                                                  |            |
| Owner Name:                                                                                                                                                                                                                                                            |                                                                     |                  |                                                  |            |
| Owner Address                                                                                                                                                                                                                                                          |                                                                     |                  |                                                  |            |
| Towner Address                                                                                                                                                                                                                                                         |                                                                     |                  |                                                  |            |
| Home Phone: Cell Phone:                                                                                                                                                                                                                                                |                                                                     | Email:           | - 1                                              |            |
| Note: We share the facility with several other groups. You are responsible for cheaning up after your pet.                                                                                                                                                             |                                                                     |                  |                                                  |            |
| Failure to do so will result in immediate dismissal from class with no refund. Please be courteous and scoop.                                                                                                                                                          |                                                                     |                  |                                                  |            |
| AGREEMENT TO HOLD HARMLESS AND ASSUMPTION OF RISK                                                                                                                                                                                                                      |                                                                     |                  |                                                  |            |
|                                                                                                                                                                                                                                                                        |                                                                     |                  |                                                  |            |
| I understand that attendance of a dog training class of any type is not without risk to myself, family or friends who may attend, or                                                                                                                                   |                                                                     |                  |                                                  |            |
| my dog, because some of the dogs to which I (we) may 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 <b>Stafford Dog Club</b> herein after referred to as the Training Organization," its employees, volunteers,                                                                                                                             |                                                                     |                  |                                                  |            |
| officers, owners, 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 without limitation, any injury or damage resulting from the action of any dog and I expressly assume the |                                                                     |                  |                                                  |            |
| risk of such damage or injury while attending any training sessions, or any function of the Training Organization, or while on the                                                                                                                                     |                                                                     |                  |                                                  |            |
| training grounds or the surrounding area or other location thereto. In consideration of and as inducement to the acceptance of my                                                                                                                                      |                                                                     |                  |                                                  |            |
| registration for training by this Training Organization, I hereby agree to indemnify and hold harmless this Training Organization,                                                                                                                                     |                                                                     |                  |                                                  |            |
| its employees, volunteers, owners, and agents from any and all claims, or claims by any member of my 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                                                                                                                                      |                                                                     |                  |                                                  |            |
| or any other location thereto as a result of any action by any dog, including my own.                                                                                                                                                                                  |                                                                     |                  |                                                  |            |
| Owner Signature:                                                                                                                                                                                                                                                       |                                                                     |                  | Date:                                            |            |
|                                                                                                                                                                                                                                                                        |                                                                     |                  |                                                  |            |
| FOR OFFICIAL USE ONLY                                                                                                                                                                                                                                                  |                                                                     |                  |                                                  |            |
| Paid by Cash                                                                                                                                                                                                                                                           |                                                                     |                  |                                                  |            |
| Paid by Check                                                                                                                                                                                                                                                          |                                                                     |                  |                                                  |            |