



Canine Brains & Games, LLC

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Rev 010121

890 North Banana River Drive, Merritt Island, FL 32952

Registration - Liability Waiver - Photo Release

Class(es) Requested: (1) _____

(2) _____ (3) _____

Today's Date: _____ Class Start Date(s): _____ Class Start Time(s): _____

FAMILY INFORMATION

Name of Owner	
Home Address City, State ZIP	
Home telephone	
Mobile telephone	
E-mail address	
Referred by:	

CANINE INFORMATION

Dog's Name – Breed – Mix	
Dog's gender (male or female)	
Current Age/Birth Date	
Age your dog was obtained by you	
How long has this dog lived with you? (# weeks/months/years)	
Is the dog spayed/neutered? (Yes or No) If yes, at what age?	
What do you hope to accomplish by taking this class?	
Which problematic behaviors does your dog exhibit?	
How does your dog react when you take away their favorite toy, bone or food bowl?	
Has your dog had previous training? (Yes/No) If yes, what type of training?	

HEALTH HISTORY

Veterinarian's Name	
Address, City, State ZIP	
Veterinarian's Phone #	
When was your dog's last veterinary visit? (Proof of vaccinations must be verified.)	All dogs must have a current veterinary vaccination verification which we keep on file; updates must be provided annually. Required vaccinations for are: Rabies, DHLP and Bordatella
Has your dog at any time snapped at, bitten, or attempted to bite any person or dog? If YES, please explain:	
List any medical conditions, food restrictions or allergies that your instructor should be made aware of.	

Our classes and programs (except for Space Dogs®) are not appropriate for reactive or aggressive dogs. Any dog demonstrating reactive, aggressive, or unsafe behavior will be excused and any remaining credit will be applied toward a private training session. The observation of unsafe behavior will be at the determination of the class instructor(s). If you're unable to complete a group class for any reason, your balance will be credited toward the same group class at a later date or toward a private session. I fully understand that no refunds will be issued after the second week of class, but other training arrangements may be made as stated herein.

Class activities will consist of physical activities including but not limited to walking at a brisk pace, bending and standing for extended periods of time. Do you have any medical or physical condition you would like your Instructor to be made aware of? If yes, please disclose such information if you're comfortable in doing so: _____

I, the undersigned, hereby assume all risks of and responsibility for, accidents and damage, either to myself or to my property or to others, resulting from actions of my dog, and expressly agree that no member of Canine Brains & Games, LLC shall be held personally or collectively responsible under any circumstances, for injury to my property due to the behavior of other dogs, or the negligence in any manner by students or instructors. The undersigned agrees to abide by all rules and regulations stipulated by Canine Brains & Games, LLC. It is my intention in joining this class to receive instruction in dog training.

Signed: _____ Date: _____
Signed: _____ Date: _____

I do hereby consent and grant Canine Brains & Games, LLC the right to reproduce, copy, publish, circulate or otherwise use photographs/likenesses/videotape segments of me and/or my dog and/or my name. This authorization and release cover the use of photos in any published form and any medium of advertising or publicity including the newsletter, website, presentations and social media. This Agreement fully represents all terms and considerations and no other statements or promises have been made to me. I fully understand that I will receive no monetary payment for uses as described above.

Signed: _____ Date: _____
Signed: _____ Date: _____

I do hereby consent for my dog to engage in play with other dogs and hereby assume all risks of and responsibility for, accidents and damage, either to myself or to my property or to others, resulting from actions of my dog, and expressly agree that no member of Canine Brains & Games, LLC shall be held personally or collectively responsible under any circumstances, for injury to my property due to the behavior of other dogs, or the negligence in any manner by students or instructors.

Signed: _____ Date: _____
Signed: _____ Date: _____

Furthermore, I agree that I will not disclose proprietary information or intellectual property belonging to Canine Brains & Games, LLC's or contracted presenters and instructors working on behalf of Canine Brains & Games, LLC, to other organizations or individuals. Video recording of the instructor, or other students and their dogs is not permitted.

Signed: _____ Date: _____
Signed: _____ Date: _____
Signed: _____ Date: _____

ALL PARTICIPANTS: I have read and understand the terms and conditions of the **School Policies as published on the website.**

Signed: _____ Date: _____
Signed: _____ Date: _____

Fees are payable via cash, check, PayPal, or credit card before the beginning of the first session. Clients are responsible for all service fees incurred related to payments be that for credit card payments, insufficient funds, refunds, or other causes.

Date Registration Received: _____ Vaccination Records attached: YES NO
Paid: CA \$ _____ CK # _____ \$ _____ CC \$ _____ PP \$ _____ BB \$ _____
CA = CASH CK = CHECK CC = CREDIT CART PP = PAYPAL BB = Brainy Bucks