** ORCKC APPLICATION FOR CLASSES**

**\_\_\_\_** Puppy Class \_\_\_\_Obedience \_\_\_\_ Rally

Class Start Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fee: $\_\_\_\_\_\_\_\_\_

 **Handler Information:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: Day: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evenings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Your place in class is not secure until your class fees are received.

 **Make check out and mail to Cindy Curtis,  113 Stockton Drive,  Owensboro 42303.**

**Dog Information:**

Call Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_\_\_ Proof of vaccinations \_\_\_\_\_\_\_\_

*Please include proof or a photocopy of proof of your dog’s last vaccinations including the date****.***

In consideration of my use of the training programs of ORCKC, their agents and members and officers, I

the undersigned waive, release and discharge any and all claims for damages for death, personal injury or

property damage which I may have or which may subsequently accrue to me or my pet as result my

participation in these programs, even though that liability may arise out of negligence or carelessness on the

part of the persons mentioned above.

 I further understand that accidents occasionally occur during these programs and that participants

occasionally sustain personal and /or property damage in training programs, as a consequence thereof.

Knowing these risks, nevertheless, I hereby agree to assume those risks and to release and hold harmless al

of the persons through fault, negligence or carelessness might otherwise be liable to me for damage.

I further understood and agreed that this waiver, release, agreement and assumption of risk is to be binding

on my heirs and assigns.

 I also give permission for free use of my name and picture in any broadcast, telecast or written account of

these events.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If the handler is a minor, a parent or legal guardian must sign.*

*Trainers: Jennifer Thurman: 270-570-0533 & Cindy Curtis: 270-684-5064*