



Central Florida Dog Sports

DeLand, FL



RELEASE AND WAIVER OF LIABILITY

Please Check appropriate class:

___ Agility Group Lessons \$100 per month

___ Private Agility Lessons \$60/50 mins.

Payment due at the first lesson of each month. Month-to-month commitment consisting of 4-5 lessons depending on the month. If class is canceled by the instructor, a makeup time will be offered for the group.

Cash payment or checks made out to Sandy Feet K9

Name _____ Dogs Name _____ Age _____

Address _____ Breed _____

City _____ Male ___ Female ___ Date of Birth _____

Cell _____ email _____

VACCINATIONS: SIGNATURE ATTESTS TO THE FACT THAT MY DOG(S) ARE UP TO DATE ON ALL REQUIRED VACCINATIONS AND PARASITE TREATMENTS. _____ / _____
SIGNATURE OF OWNER DATE

RELEASE AND HOLD HARMLESS AGREEMENT:

In consideration of my admission to training classes and/or lessons, I release Central Florida Dog Sports, LLC (CFDS), its owners, agents, associates and the owners of the property and equipment, from any personal injury to myself or property damage which may arise out of my participation in these dog training classes. I understand that CFDS LLC and its owners, agents and associates will take precautions to prevent injury or property damage, but that they are not insurers of my safety or my property.

I further understand that it is my responsibility to control my dog and myself (and children or guests I bring with) while on the premises and I agree to hold harmless CFDS, LLC, its agents, associates, and the owners of the property and equipment, from any personal injury or property damage which I, my guests, or my dog may cause to others.

CFDS, LLC, has my permission to take and use photographs, videotapes and other recordings of training activities involving myself and my dog (s) for any lawful purpose without compensation.

I represent that I am over the age of eighteen (18) years or that my parent or guardian will sign in my behalf.

My signature is my acceptance of this Release and Hold Harmless Agreement- Valid for the duration of my training at CFDS, LLC

Signature _____ Date _____



386-873-7958 | [f @CentralFloridaDogSports](#) | 1040 N. Bee St., DeLand, Florida

