**West Milford Dog Training Center**

**www.westmilforddog.com**

# Enrollment Form/Waiver

Name & Address:

Phone: Home: Work: Cell:

**Email required**:

Dog’s Name: Breed: Age:

Class Requested: Day: Time:

**IMPORTANT CLASS INFORMATION**

Dogs must enter and exit the building on leash.

Please no meet and greets with other dogs either in the building or the grounds.

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| Bring treats, buckle or no-slip collar and 5-6 foot lead, no flexi-lines, prong, choke or electric collars permitted.  Wear flat comfortable rubber soled shoes, no heels, sandals, open toe shoes permitted on training floor.  **Liability Release/Waiver:**  I (we) understand that dog training at any location is not without risk to myself, family members, my dog or others who may be attending. I (we) agree to hold West Milford Dog Training Center , its trainers and/or agents, the owner of the building, premises and/or surrounding area where these classes, events and sessions are held and any volunteers harmless from any claim for loss, injury, illness or damage which may be alleged to have been caused either directly or indirectly to any persons or thing by the act of this dog while in or about the building and surrounding areas and I (we) hereby assume all responsibility for and agree to indemnify, defend and have the above mentioned parties harmless from any and all loss and expense (including legal fees).  Signed: (must be over 18 years) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_  Additional Handler: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  A copy of your dog’s current Rabies/Distpemper/Parvo/Bordatella must accompany this signed form.  **Send check payable to WM Dog to PO Box 813 West Milford, NJ 07480** |