



Owner's Name _____ Date _____

Mailing Address _____

City _____ Postal Code _____

Contact Phone Number (day) _____ (evening) _____

Email Address _____

Dog's Name _____

Breed _____ DOB _____ M F

Amount Paid _____ Cash _____ Cheque # _____

***** As all dogs are integrated with each other during classes, seminars and demonstrations, it is up to each individual household to vaccinate as they see fit. Please realize that any disease that may be present in other client's dogs may put your pet at risk. All vaccinations including Bordetella are recommended.**

Client's Assumption of Risk: Client acknowledges that Trainer's location and the animals, guests, items and activities thereon, pose dangers to people and animals. Such dangers include, by way of example and not limitation, animals that can bite, trip, knock down, and fight, indoor and outdoor surfaces that may be slippery, equipment that can trip, guests and clients who cannot control their dogs, and activities involving Dog and/or other dogs that can result in injury from bites or other causes. Accordingly, Client, on behalf of him/her, his/her spouse and minor children, and anyone else whom Client brings onto Trainer's location, assumes the risk of injuries, losses, damages, costs and expenses by any means above described, and other injuries, losses, damages, costs and expenses of every possible cause and description unless inflicted intentionally or recklessly by the agents and employees of Trainer. If Dog is injured in a dog fight or an accident, gets fleas, ticks or worms, contracts any illness or disease, is lost or stolen, becomes pregnant, or engages in any dangerous, vicious or unwanted behavior, during or after the term of this Agreement, on or off Trainer's location, Client accepts the risk of the same and agrees that Trainer shall not be held responsible for it or any resulting injuries, losses, damages, costs or expenses.

In recognition of the possible dangers connected with any physical activity and involvement of any kind with dogs, I hereby knowingly and voluntarily waive any right or cause of any action of any kind whatsoever arising as a result of such activity which any liability may or could accrue to Up' N' Over Dog Agility and their officers, directors, agents, employees, volunteers, or instructors, their assigns and successors.

I hereby confirm that I have read the above waiver prior to signing, and further acknowledge that I understand the waiver. Participation is not valid unless signed and dated and submitted with the correct fees.

SORRY, NO REFUNDS

PRINT NAME HERE

SIGNATURE

DATE