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|  | **OAKHURST OBEDIENCE**  **Registration for:**  **☐ PUPPY ☐ BASIC ☐ ADVANCED ☐ CGC Test**  **CONSULT AT: ☐ CLIENT’S HOME ☐ TRAINING LOCATION ☐ OTHER** | | | | |  | |
| Name of Owner/Handler: | | | | | | | |
| Street Address: | | | | | | | |
| City: | | | Zip Code: | Phone #: | | | |
| Email Address: | | | | | | | |
| Dog’s Name: | | Breed: | | | Sex: | | Age: |
| Make checks payable **to OAKHURST OBEDIENCE**  SERVICE CHARGE OF $10.00 FOR EACH RETURNED CHECK | | | | | | | |
| **WAIVER, ASSUMPTION OF RISK, AND AGREEMENT TO HOLD HARMLESS**  I understand that attendance of a dog obedience training is not without risk to myself, members of my family or guests who may attend or my dog, because some of the dogs to which I (we) will be exposed may be difficult to control and may be the cause of injury even when handled with the greatest amount of care.  I hereby waive and release Oakhurst Obedience and its instructors, owners, and agents, any and all liability of any nature, for injury or damage which I or my dog may suffer, including specifically, but not without limitation, any injury or damage resulting from the action of any dog, and I expressly assume the risk of any such damage or injury while attending any obedience class or other function of Oakhurst Obedience or while on the training grounds or the surrounding area thereto.  In consideration of and as inducement to the acceptance of my application for enrollment in the obedience training, I hereby agree to indemnify and hold harmless Oakhurst Obedience, its instructors, owners, from any and all claims or claims by any member of my family or other person accompanying me to any obedience class or function of the Oakhurst Obedience or while on the grounds or the surrounding area thereto as a result of any action by any dog, including my own.  ANY DOG WHICH BECOMES AGGRESSIVE OR DISRUPTIVE  TOWARD OTHER DOGS OR PEOPLE WILL BE DISMISSED | | | | | | | |
| Signature of Owner or Authorized Agent Date | | | | | | | |
| **DO NOT WRITE IN THIS SPACE – FOR REGISTRAR ONLY** | | | | | | | |
| **Amount Paid**:  Cash: Check #: | | | **Immunization Location**:  Dates:  Rabies: Distemper Bordetella | | | | |