

Agility Class Registration Form

Classes held at Fleischmann Field LLC, 39 Chesbro Road

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ email: _____

Dogs name: _____ Dog Age: _____ Breed _____

Current Rabies vaccine? Y / N (Proof of vaccinations will be required)

Please mail completed registration form, along with Payment. (Checks made out to Tina Reynolds) to: 220 Sutton Road, Pennellville, NY 13132. Space in class is only reserved when payment is received in full.

AGREEMENT TO HOLD HARMLESS, WAIVER AND ASSUMPTION OF RISK

I understand that attendance of a dog training class 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 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 Fleischmann Field LLC, it's owners George & Christine Fleischmann ,it's trainers/instructors, officers ,employees ,members and agents from any and all liability of any nature ,for injury or damage which I or my dog may suffer, including specifically, but without limitation ,any injury or damage resulting from the action of any dog ,and I expressly assume the risk of such damage or injury while attending any training session ,at Fleischmann Field LLC, or while on the training grounds or the surrounding area thereto.

In consideration of and as inducement to the acceptance of my application for training by Fleischmann Field LLC, I hereby agree to indemnify and hold harmless this Training Facility ,its owners, its trainers, employees ,members and agents from any and all claims, or claims by any member of any family or any other person accompanying me to any training session or function of the Training Organization ,or while on the grounds or the surrounding area thereto as a result of any action by any dog ,including my own.

NOTE: Our facility insurance requires that any incident involving a dog bite be reported by the biting dog's owner to their personal insurance company. Your signature below indicates that you have read, understood and agree to report any biting incident involving your dog to your insurance company.

Parent or Guardian must sign for child under 18 years of age.

Owner Signed: _____

Person training dog if other than owner.

Date: _____