

Good Karma Dog Center

Registration Form Group Agility Class

Owner's Name: _____
Address: _____
Email: _____
Day Time Phone: _____ Cell Phone: _____
Dog's Name: _____ Dog's Breed: _____
Age of Dog: _____ Sex of Dog: M F
Spayed or neutered? YES NO
Vet's Name & phone number: _____
Does your dog bark and lunge at people or other dogs when it is on a leash? YES NO
Are there any places you can't walk your dog because of his/her behavior? YES NO
Explain: _____

Please include any additional information you would like to share about your dog:

This is a Basic Agility class that meets once a week for six weeks for approximately 45-60 minutes

. Class Fee: \$80.25 (includes tax) Please make out your check to Good Karma Dog Center.

Release of Liability

In Consideration of being allowed to participate in the above classes, I intend to legally bind myself, my administrators, successors and or assignees or any party holding a durable power of attorney for me and agree to release and do hereby waive and release Barbara Flick and/or Good Karma Dog Center from responsibility for any injury or damages to either myself, or my pet(s) as I realize that participating in dog training/agility classes is a potentially hazardous activity. I agree to take complete responsibility for the actions of myself and my pet(s) before, after and during the class. At no time will the instructor of this class and/or Good Karma Dog Center be liable or responsible for the actions of me, my pet(s) or any other person who accompanies me to the class. I grant permission to the instructor as a representative of Good Karma Dog Center to take photographs, motions pictures, video tapes or any other record for any lawful purpose.

Owner's Name:
Date: