

SCENT DETECTION & OBEDIENCE TRAINING CLASS WAIVER AND REGISTRATION FORM



452 Bishopsgate Rd.
Burford, Ontario N0E 1A0
Phone 519- 449-1463

OWNER'S SIGNATURE: _____ **Date:** _____

(Signature of parent or guardian is required if the owner is under 18 years)

PLEASE PRINT:

OWNER' S NAME _____ PHONE: _____ (H) _____ (W)
(First) (Last) **EMAIL ADDRESS:** _____

ADDRESS: _____
(Street) (City) Prov. Postal Code

HANDLER'S NAME: _____ Age, If under 16: _____

DOG'S/ PUPPY'S NAME: _____ BREED: _____

DOG'S BIRTH DATE: _____ AGE; _____ SEX: _____ NEUTERED OR SPAYED? YES NO

HAS YOUR DOG EVER BITEN ANYONE _____

OTHER INFORMATION; How did you hear about Perfect Scents _____
If Newspaper please indicate which one.

What do you hope to accomplish with your dog by the end of this training session? _____

Kennel Cough or Bordetella (if any or all vaccines have not been administered please hereby release and waive Perfect Scents and all employees from and against any and all liabilities, losses, damages, costs or expenses of whatever kind or nature including attorney's fees, which the undersigned may incur as a result of any medical problems to the undersigned or their dog(s)).

Signature _____

FOR OFFICE USE ONLY:

Last Vaccination Date: _____ Clinic _____

Vaccinated against: Distemper _____ DHLPP _____ PV _____ R _____ CV _____ B _____

Verified BY _____ Date: _____

Fees Due: \$ _____ HST _____ Total _____ Paid: _____ Date: _____ Balance Due: \$ _____

Paid By: Debit/Credit _____ Cash _____

GST Registration #

SCENT DETECTION: BEGINNERS _____ **INTERMEDIATE** _____ **ADVANCED** _____

CLASS START DATE: _____ **CLASS TIME:** _____

MONDAY, TUESDAY, WEDNESDAY, THURSDAY, SUNDAY.

OBEDIENCE: PUPPY: _____ **LEVEL 1:** _____ **LEVEL 2:** _____ **LEVEL 3:** _____ **LEVEL 4:** _____

CLASS START DATE: _____ **CLASS TIME:** _____

MONDAY, TUESDAY, WEDNESDAY, THURSDAY, SUNDAY.

PLEASE COMPLETE BOTH SIDES OF THIS FORM

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RELEASE AND WAIVER OF CLAIMS

I make application to enroll my dog in a Scent Detection class to be conducted by this school. I acknowledge that there is an element of risk and I hereby release and forever discharge Perfect Scents (Clarkson Family) its employees, agents and the owner of the building where situated, from all actions, causes of action, claims and demands whatsoever for any damage, loss or injury to person, property or animal, which may be sustained in consequence of the obedience course taken.

I understand that attendance at a dog obedience class & scent 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.

The undersigned who is a participant in obedience class & scent classes, including but not limited to obedience, and agility, in consideration of use of facilities covenants and agrees as follows:

General Release. The undersigned hereby released and waives any claims that the undersigned, their children or guests brought with them, may now or hereafter have against the dog training facility, (Perfect Scents) dog training activity sponsor(s), Nathan Clarkson, his/her instructors or their assigns from and against any and all liabilities, losses, damages, costs or expenses of whatever kind or nature, including attorney's fees, which the undersigned may incur as a result of any injury to the undersigned or their dog(s), or personal property of the undersigned as a result of the undersigned's activities undertaken at said facility including, without limitation, personal injury and damages thereof including loss of income, earnings, bodily injury, pain and suffering, emotional or mental distress and any and all medical expenses.

ASSUMPTION OF RISK: The undersigned acknowledges and understands that the dog training activities undertaken involve potential risk of personal injury and injury to personal property including dogs which may result from the undersigned's participation in dog training activities. Such injuries may be caused by other participants, the undersigned, facility conditions including, but not limited to, uneven or damaged terrain, the presence of moisture or mud, obstacles and obstructions upon or under the terrain and other natural or man-made conditions which may be hazardous to the undersigned or create hazards to the undersigned's activities.

BINDING EFFECT: The foregoing provisions shall be fully binding upon and shall be effective against the undersigned, its heirs, successors, legal representatives or assigns and shall apply to the actions of the undersigned personally, the undersigned's family, guests, employees or agents.

PARENTS PLEASE NOTE YOU ARE RESPONSIBLE FOR YOUR CHILDREN WHILE ATTENDING THESE CLASSES.

IN WITNESS WHEREOF, The Agreement is executed this

_____ day of _____, 20 ____.

Signature of owner, or Authorized Agent
(In case of a minor a parent or legal guardian must sign.)

(Area Code) Phone No.

Print Name

I hereby agree to abide by the rules of Perfect Scents, that no dog shall be physically or verbally reprimanded while engaged in any activity sponsored by or affiliated with Perfect Scents, or while on the premises of Perfect Scents (with the exception of dogs committing acts of aggression towards people or other dogs). I further understand that any violation of this agreement could lead to the immediate termination of my involvement in the event or activity (including being asked to leave the premises) without refund of any monies paid for that event or activity.

I have read and agree to abide by the above statement: _____
Signature

PLEASE TRY TO ATTEND ALL CLASSES - NO REFUNDS OR MAKE-UP CLASSES WILL BE PROVIDED...!!!!....