

OBEDIENCE CLUB OF CHATTANOOGA



TRAINING CLASS APPLICATION

phone: 1.423.517.1448 Session # _____

You must bring a photocopy of current shot records for us to keep on file.

Class (See Class Schedule)	Day of Week	Time

OWNER'S INFORMATION

Name		Phone	
Street		E-mail	
City		State	
			Zip

DOG'S INFORMATION

Name		Breed	
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Neuter <input type="checkbox"/> Female <input type="checkbox"/> Spay	Birth Date	
Veterinarian		Age	

How did you hear about our classes? Newspaper Web Site Critter Magazine Vet Fliers
 Other-Specify _____

What are your goals for this class? _____

What are your challenges? _____

Agreement to Hold Harmless, Waiver, And Assumption Of Risk

I understand that attendance of a dog obedience 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 render difficulty in controlling and may result in injury even when handled with the greatest amount of precaution.

I hereby waive and release THE OBEDIENCE CLUB OF CHATTANOOGA, INC., hereinafter referred to as the "Obedience Club," its officers, 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 caused by the action of the dog. I expressly assume the chance of such damage or injury while attending any training class, or any other function, of the Obedience Club or while on the training facility or neighboring area thereto.

In consideration of and as inducement to the acceptance of my application for training membership by the Obedience Club, I hereby agree to indemnify and hold harmless this Obedience Club, its officers, 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 class or function of the Obedience Club, or while on the facility or neighboring area thereto as a result of any action by any dog, including my own.

I also understand the potential health risk in exposing a dog or especially a young puppy, without complete disease immunity, to other dogs. I understand that it is my responsibility to provide all appropriate vaccinations. I release the Obedience Club from any liability relating to this responsibility.

Owner's Signature: _____ Date: _____

FOR CLUB USE ONLY

Shot Record Provided: Yes Date: _____ No Reason: _____

|| OCC Member: Yes No || Method of Payment: Cash Check # _____