



Seminar Registration Form

Seminar Name: _____ Seminar Start Date: _____

Owner's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

eMail: _____

Dog's Name: _____ Breed: _____ Age: _____

Current Level of training and/or Competition? _____

What specific goal or assistance do you want from this seminar? _____

(please use the back of the sheet if you need more room)

WAIVER: I understand and acknowledge that dog training is an activity with inherent risks and hazards where serious accidents can occur, participants and/or spectators can sustain injuries and property damage. I acknowledge and willingly assume all of these risks and hazards.

I assume full and complete responsibility for any injury to the person or property of anyone resulting from the actions or omissions of myself or my animal. I release and agree to indemnify DogSense Obedience, Inc., Debbi Snyder, Instructors, their agents, other students and their animals, and/or the facility where training is held for any injuries to my property, myself, or my animal sustained during, or related to, the activities or programs of DogSense Obedience, Inc., Debbi Snyder, Instructors, or their agents. I release DogSense Obedience, Inc., Debbi Snyder, Instructors, their agents from any acts and/or omissions that constitute negligence and/or recklessness, even if that includes rendering, or failing to render, aid. I agree to abide by the rules and regulations of DogSense Obedience, Inc., Debbi Snyder, Instructors, or their agents. Failure to abide by said rules and/or regulations by me, my representative, or my animal may result in dismissal from the program in progress with no refund.

In the event of illness or injury, I give DogSense Obedience, Inc., Debbi Snyder, Instructors, or their agents, permission to seek medical care for my dog, and will be responsible for the charges incurred.

Owner's signature represents that the dog is current on rabies, dhpp and bordetella. supporting documentation may be required.

I have read this document and understand that this document is binding on me, my heirs, my estate, my personal representatives and assigns. I agree that if any portion or clause of this waiver is deemed illegal or invalid that the rest of it shall remain valid and enforceable.

_____ Date _____ Signature

**Send form signed and dated with the deposit to hold a position in the seminar.
Please call (863) 647-4557 for a mailing address, to confirm seminar availability and deposit amount.**