

AGILITY SCHOOL Registration



Date: _____

Pre-registration is Required for All Classes and Fun-Runs!

Name: _____

(please print)

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____

Dogs Name: _____	Breed: _____	Age: _____	Sex: _____
Class Requested: _____	Start Date: _____	Time: _____	
Agility Experience: None Beginner Intermediate Advanced (circle one)			

Dogs Name: _____	Breed: _____	Age: _____	Sex: _____
Class Requested: _____	Start Date: _____	Time: _____	
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Class Requested: _____	Start Date: _____	Time: _____	
Agility Experience: None Beginner Intermediate Advanced (circle one)			

Payment Enclosed: \$ _____ Check or MO accepted.
Please send check and this Registration Form to:

Agreement to Hold Harmless and Assumption of Risk

I understand that attendance of a dog training class of any type 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 (we) 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 Windmill Agility School herein after referred to as the "Training Organization", its employees, volunteers, officers, owners, 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 not 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 sessions, or any function, of the Training Organization, or while on the training grounds or the surrounding area or other location thereto.

In consideration of and as inducement to the acceptance of my registration for training by this Training Organization, I hereby agree to indemnify and hold harmless this Training Organization, its employees, volunteers, officers, owners, 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 to the Training Organization, or while on the grounds or the surrounding area or any other location thereto as a result of any action by any dog, including my own.

Signature of Owner of Dog: _____

Signature of Trainer of Dog: _____

(if different)

Signature of Guardian: _____
(if trainer under 18)

Pat Ferguson
9621 NW 187th Terrace
Alachua, FL 32615

386-462-1707
WINDMILL187@ALLTEL.NET