



Level: Beginner or Advanced

Proof Of Vaccination: _____

Class: Winter (Jan-Mar)___ Spring (Apr-Jun)___ Summer (Jun-Aug)___ Fall (Sept-Nov)___

Georgina Kennel & Obedience Club

APPLICATION FOR TRAINING CLASSES

8-Week Course Includes CGN Test at Completion

Name _____

Address _____

Phone: (Home) _____ (Cell) _____ E-Mail: _____

Breed of Dog: _____ Gender: Male/Female

Dog's Name: _____ Age: _____ Altered: Yes or No

Have you ever attended training classes before? Yes or No

If so, where: _____

Please identify some of the areas in which we can help you with your dog.... (i.e. barking, jumping, chewing, etc). What are your expectations for your dog as to training? (i.e. heeling, coming when called, etc.) _____

PHOTOS: From time to time we take photos of our classes, students and their dogs. Do you have any objections to be included on our Web or FACEBOOK pages... Yes or No

Waiver: Acknowledgement and Waiver: I/we understand, freely accept, and fully assume the risks, dangers, and hazards to myself/ourselves and our dog inherent in participation in obedience classes. GKOC will make every effort to provide a safe environment but I/we acknowledge and understand that GKOC will not be held responsible for any liability of every nature and kind that I/we or our dog may suffer and without limiting the foregoing including any personal injury, death, property damage, loss, accident, or health problem for our dog, handler, family, or public spectators. I/we waive, release, indemnify, save harmless and forever discharge the GKOC organization and its handlers, employees, agents, servants, or representatives from any and all liability or claims of any nature arising from my/our participation in or attendance at obedience classes or facilities run by GKOC including but not limited to any claim arising from the negligence, breach of contract, or breach of duty of care by the GKOC.

I have read and understand these terms and conditions. Signature: _____ Date: _____

PLEASE MAKE CHEQUE PAYABLE TO GKOC