Piscataqua Obedience Club Class Registration

Name:

Address (and town):

Phone: Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dog’s Name: Breed:

Dog’s DOB (Mth/Year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are shots current? Yes No

**Name Of Class** (see pocdogs.com for class names )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day of week \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AGREEMENT TO HOLD HARMLESS WAIVER AND ASSUMPTION OF RISK. I do understand that attendance of at a class is not without risk to myself, members of my family or guests who may attend, and/or my dog(s).

I hereby waive and release the PISCATAQUA OBEDIENCE CLUB, (POC), its employees, officers, members, and agents from any and all liability of any nature, for injury or damage which I, my guests, or my dog may suffer, including specifically, but without limitation, any injury to or damage resulting from the action of any dog, and I expressly assume the risk of such damage or injury while attending any training session, or any other function, of the POC, or while on the training grounds or the surrounding areas thereto.

I hereby agree to indemnify, hold harmless, waive and release POC, its trainers, officers, members and agents from any and all clams by myself, members of my family or persons accompanying me to any training session or function of POC, while in the building, on the grounds or surrounding area, as a result of action by any dog(s), including my own.

Photographs and video may be taken during the class and shared on our social media.

**Registration form, Rabies certificate, and Payment in Full is required to reserve a spot for the class.**

**Confirm these are inclucded**

 **Registration form**

 **Vaccination/Titer** DHPP or equivilent

 **Rabies (age 6 months and over only)**

 **Payment in Full (check only)**

**Please email us if you have not received confirmation within a week JaCoen31@gmail.com**

Signature of owner or authorized agent:

(In case of minor, parent or legal guardian must sign)

Signature of Handler if different than owner

**Mail to : POC c/o J. Coen ,**

**21 Longview Terrace,**

**Kennebunk, ME 04043**

Taken a class from POC before ?

Yes No