Waggles LLC

• Love, Learning & Competition •

CLASS & WORKSHOP REGISTRATION FORM

(Please Print Clearly)

NAME:	DOG'S NAME: BREED: AGE: SEX: DOB:
ADDRESS: CITY/STATE/ZIP:	VETERINARIAN: PHONE:
PHONE: (home) (work) (cell)	DATE OF LAST VACCINES (bring proof to 1st class)
E-MAIL:	NEUTERED/SPAYED: Yes No
NAME OF CLASS/WORKSHOP:	BASIC TEMPERAMENT OF DOG:

How did you hear about Waggles?

RELEASE AND HOLD HARMLESS AGREEMENT

I understand and assume the possible risks inherent to all dog-related activities, including, but not limited to bodily injury to myself, my dog, or to anyone accompanying me to the training classes offered at Waggles, LLC, at any location such training classes are offered, including, but not limited to, the premises located at 75 Bishop Avenue, Williston, Vermont. I further understand that this Release and Hold Harmless Agreement has no time limitation and will remain in full force and effect as long as I train with Waggles, LLC, regardless of the location of such training classes and regardless of what dog I am training.

Therefore, in consideration of the privilege of training my dog with Waggles, LLC, I do hereby agree to hold harmless and indemnify Lori Bielawa, individually and as member of Waggles, LLC, any and all persons who might assist her with her classes or instruct in her absence, and also the owners of any location where such training classes are offered, of and from any claim for damages and/or injuries I might sustain while participating in such training classes, and further release her from any liability or responsibility for any accident, damage, injury, or illness to me, may be. I understand that the training premises as used in this Release and Hold Harmless Agreement shall include any location where such training classes are held, including, but not limited to, the premises located at 75 Bishop Avenue, Williston, Vermont.

Dated: _____ Signature: _____

Print Name: _____

I hereby agree to the terms of the above Release and Hold Harmless Agreement as it pertains to any minor child accompanying me to these training courses and/or participating in same.

_____ _____

Child's Name (print clearly) Signature of Parent or Guardian