



Evansville Obedience Club

Application for Obedience Classes

Handler Information:

Name: _____

Street: _____

City, State, & Zip: _____

Phone: Day: _____ Evening: _____

Email: _____

How did you first learn of this class? _____

First Choice: Class: _____ Day: _____ Time: _____

Second Choice: Class: _____ Day: _____ Time: _____

If neither are available can you be placed in first available? _____

What are your expectations of this class? _____

Dog Information:

Call Name: _____ Breed: _____ Age: _____ Sex: _____

Please check any problems that your dog is currently having:

___ Urinating in the house ___ Dog aggression ___ People aggression

___ Jumping on visitors ___ Chewing ___ Barking

___ Pulling on leash ___ Not Coming when called

___ Other, Please explain:

Please include proof of your dog's last vaccinations. This should include the date and name of vet (receipt). Puppy owners are required to send proof and bring up to date proof as due.

In consideration of my use of the training programs of Evansville Obedience Club, Inc., their agents, employees, officers, and members; I, the undersigned, waive, release, and discharge any and all claims for damages, death, personal injury, or property damage which I may have or which may subsequently occur to me or my pet as a result of my participation in these programs. This release is intended to discharge in advance the employees, agents, members, and officers of Evansville Obedience Club, Inc., from and against any and all liability arising out of or connected in any way with my participation in the programs available there, even though that liability may arise out of negligence or carelessness on the part of the persons mentioned above.

I further understand that accident occasionally occurs during these programs and that participants occasionally sustain personal and/or property damage in training programs as a consequence thereof. Knowing these risks, I hereby agree to assume those risks and to release and hold harmless all of the persons or entities mentioned above who (through fault, negligence, or carelessness) might otherwise be liable to me (or my heirs or assigns) for damage.

It is further understood and agreed that this waiver, release, agreement, and assumption of risk is to be binding on my heirs and assigns.

Signature: _____ Date: _____

If the Handler is a minor, a parent or legal guardian must sign.

