

Creature Comfort Animal Clinic

Furry Tail Endings

Class Registration

Circle which class you will attend:

Puppy Foundation Class (4 -8 months)

Basic Foundation Class (8 months and up)

1. **Trainer's Name:** _____

Address: _____ City: _____ Zip Code: _____

Phone Number: _____

Email: _____

2. **Dog's Name:** _____ **Dog's Age:** _____

Breed: _____ Color: _____ Sex: _____ Altered? ___Y___N

Any known physical defects (please explain) _____

How did you hear about our classes? : _____

WAIVER, ASSUMPTION OF RISK AND AGREEMENT TO HOLD HARMLESS

I/we understand that attendance in a dog training class is not without risk to myself, members of my family or guests who might attend, or my dog, because some of the dogs to which I 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 Creature Comfort, it's employees, and agents from any and all liability of any nature, for any injury or damage which I or my dog may suffer, including specifically, but 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 session or while on the training grounds or surrounding area thereto.

I hereby agree to indemnify and hold harmless this clinic, it's employees, and agents from any and all claims, or claims by any member of my family or any other person accompanying me to any training session or while on the grounds or surrounding area thereto as a result of any action by any dog, including my own.

Signature: _____ **Date:** _____