

## DOMINION DOG TRAINING REGISTRATION CGC CERTIFICATION COURSE

Name:	Dog's Name:	
Dog's Breed:	Age:	Sex: M/F
NEUTERED/SPAYED: Y/N		
EMAIL ADDRESS:		
Phone:	Ном	e/Cell/Work
NAME OF VET. CLINIC:		
DOCTOR'S NAME:		
LIABILITY RELEASE:		
OTHER PARTICIPANTS OR ASSISTANT	N DOG TRAINING, INC. OR ANY REFER S WILL NOT BE LIABLE FOR ANY DAM, ON OR ADVICE SUPPLIED TO THE DOG	AGES OR LOSS RESULT-
OF THE DOG. SHOULD ANY BEHAVIO DAMAGE TO PROPERTY, OWNER, OR I SUME FULL RESPONSIBILITY AND LIA AGE AND TO ABSOLVE DOMINION DO	THE FUTURE IS SOLELY THE RESPONSION ON THE DOG'S PART NOW OR IN THE PERSONS OF SOME THIRD PARTY, THE BILITY TO SUCH THIRD PARTY FOR AND TRAINING, INC., INSTRUCTORS, AND ANY AND ALL OBLIGATIONS TO PAYS	IE FUTURE RESULT IN E OWNER AGREES TO AS- Y AND ALL SUCH DAM- IY REFERRING ORGANIZA-
DOG TRAINING, INC., TRAINERS, REP. AS OTHER PARTICIPANTS ARE NOT LI	HAT ARE TRAINED OR OTHERWISE HAI RESENTATIVES, OR ANY REFERRING C ABLE FOR LOSS OR DAMAGE FROM D RSONS, OTHER DOGS, OTHER ANIMAL	DRGANIZATION AS WELL ISEASE, DEATH, RUNNING
7 <b>7</b> 7	IR MINORS AND AGREE TO KEEP THEM E RIGHT TO ASK ANYONE TO LEAVE TH HE PREMISES OR GROUNDS.	
I HAVE READ THE ABOVE CONTRACT DITIONS HEREIN.	AND LIABILITY RELEASE AND AGREE T	O ALL TERMS AND CON-
Dog Owner's Signature:		
Print Name:	Da <sup>-</sup>	TE: