

DOMINION DOG TRAINING INTERMEDIATE CLASS REGISTRATION

Date: Day:	TIME:	
Name:	Dog's Name:	
Dog's Breed:	Age:	Sex: M/F
NEUTERED/SPAYED: Y/N		
Address:		
EMAIL ADDRESS:		_
Phone:	Номел	/CELL/WORK
NAME OF VET. CLINIC:		
LIABILITY RELEASE:		
THE OWNER AGREES THAT DOMINION PARTICIPANTS OR ASSISTANTS WILL N COUNSELING, INSTRUCTION OR ADVICE THE DOG'S BEHAVIOR NOW AND IN THE DOG. SHOULD ANY BEHAVIOR ON TO PROPERTY, OWNER, OR PERSONS OR RESPONSIBILITY AND LIABILITY TO SUCSOLVE DOMINION DOG TRAINING, INC	OT BE LIABLE FOR ANY DAMAGE SUPPLIED TO THE DOG'S OW E FUTURE IS SOLELY THE RESPITHE DOG'S PART NOW OR IN TOF SOME THIRD PARTY, THE OW CH THIRD PARTY FOR ANY AND A	ES OR LOSS RESULTING FROM NER. ONSIBILITY OF THE OWNER OF THE FUTURE RESULT IN DAMAGE VINER AGREES TO ASSUME FULL ALL SUCH DAMAGE AND TO AB-
TICIPANTS FROM ANY AND ALL OBLIGA		
OWNER AGREES THAT ANY DOG(S) THAT TRAINING, INC., TRAINERS, REPRESENT PARTICIPANTS ARE NOT LIABLE FOR LOFIRE OR INJURY TO PERSONS, OTHER I	TATIVES, OR ANY REFERRING O OSS OR DAMAGE FROM DISEAS	RGANIZATION AS WELL AS OTHER E, DEATH, RUNNING AWAY, THEFT,
ADULTS ARE RESPONSIBLE FOR THEIR DURING CLASSES. WE RESERVE THE FOR DRUGS ARE ALLOWED ON THE PRE	RIGHT TO ASK ANYONE TO LEAV	
I HAVE READ THE ABOVE CONTRACT AI TIONS HEREIN.	ND LIABILITY RELEASE AND AGI	REE TO ALL TERMS AND CONDI-
Dog Owner's Signature:		
PRINT NAME:	Date	::