

Trail Creek Dog Training Club
Mailing address: P.O. Box 112 LaPorte, IN 46352

Class Enrollment Fall 1 2021

All Classes \$90 \$10 discount for shelter dogs, or senior citizens
 Jr Handler. 2nd dog (different class) same session is \$70

Name _____ Telephone Number _____

Handlers Name _____ Age if under 18 _____

Address _____ Zipcode _____ Email _____

Dog's Breed _____ Dog's Age _____ Dog's Name _____

Dogs Vet/Clinic _____

	Puppy Class (up to 6 mo) Thur 5:45
	Basic Manners (entry class for older dogs) 6:30
	Basic Obedience/CGC Wed 5:30 or 6:15pm
	Advanced Obedience -TBD
	Agility with Joe Mondays 10am
	Distance Agility Wednesday 7pm
	Beginning Agility Monday 7:15
	Inter. Agility Monday 5:30 or 6:30

PAYMENT MUST BE RECEIVED TO HOLD YOUR PLACE IN CLASS

Drop in Classes - Registration Required, pay as you go.

	Rally Run Throughs - Wednesday 4-5:30 pm
	Competition Obedience - Wednesday 10:30 am -Noon
	Conformation - Tuesday 6-7

I understand that attendance of a dog training class is not without risk to me, my dog, members of my family or guests who may attend because some of the dogs to which I (we) 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 TRAIL CREEK DOG TRAINING GROUP, INC, officers, members and agents from any and all liability of any nature, for 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. I expressly assume the risk of any damage or injury while attending any training session or other function of the club or while in the training building, grounds or the surrounding area. I also hereby agree to indemnify and hold harmless this club, officers, members and agents from any and all claims, or claims by any member of my family or any other person accompanying me to any training sessions or function of the club or while on the ground or surrounding area thereto as a result of any action by any dog, including my own.

Signature of

Owner: _____ Date: _____

*please note our classes are group classes, if your dog is determined to not be ready for a group class your registration fee will be refunded and you will be offered resources for where to obtain 1-on-1 training until your dog is ready for a group environment.

TRAIL CREEK DOG TRAINING CLUB Inc. COVID-19 RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

1. I understand the hazards of the novel coronavirus ("COVID-19") and am familiar with the Centers for Disease Control and Prevention's guidelines.
2. While understanding the hazards of COVID-19, I am willing to participate in TRAIL CREEK DOG TRAINING CLUB Inc ("TCDDTC") activities at my own free will and discretion. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist.
3. I knowingly and freely acknowledge and fully assume all such risks related to COVID-19 and any other infectious diseases, even if arising from the negligence of RELEASEES arising from my being on the premises and participating in TCDDTC activities.
4. I understand the COVID-19 policies and procedures set forth by TCDDTC and agree to abide by all present and future guidelines for this year's event. Concurrently, I also understand that the safety measures set in place do not guarantee that I and/or other patrons could potentially be exposed to, and potentially contract, COVID-19. If I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.
5. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS TRAIL CREEK DOG TRAINING CLUB Inc, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law. By signing below, I am stating that I am at least 18 years of age and am accepting to the above waiver on behalf of myself or any minor of whom I have legal guardianship.

I have read and agree to the above waiver.

X _____

Signature of Owner/Handler Date If owner is a minor/Signature of Parent or Guardian

Date