## Phoenix Field and Obedience Club Training Registration

Handler's Name:			4 . ND
Address:			O TOPOLOGICA
City:	State:	_ Zip:	Phoenix Field and Obedience Club
Email Address:			Field and
Home Phone:	Day Phone:		Unedlence S
Dog's Name :	Breed:	Sex:	Ginn
How old will your dog be whe	n the series begins?		O
Date of Last Parvo?	Date of Last Rabie		
Level of Training:	Dunny Doginnoro Vouna Daniero	Adult Deginning Advanced De	ginnera 1
	ruppy Beginners, Young Beginne Iovice, Novice, Open, Utility & Ra	ers, Adult Beginning, Advanced Be ally)	ginners-1,
Which hour do you prefer? 7:0	00 p.m. or 8:15 p.m.:		
Training Series Beginning [	Oate:		
other parties from any claim for activity. I hereby assume the full and the owner or lessor of the por the aforementioned parties for persons, including myself (ourse however such injuries, death or have been caused by negligence I fully attest to the best of my knowith or exposed to any known of full responsibility for my own here	loss or injury caused by this dog up responsibility for and agree to inder remises from any and all loss and ear damage because of bodily injurie alves), or on account of damage to produce to specific property may be a of the aforementioned parties or an account of the aforementioned parties of a covided that I do not have COVID-1 arrier of COVID-19 within the past 1 alth and safety during this activity. I	con the premises and from any claim minify and save PFOC, its owners, may expense (including legal fees) by reast as, including death at any time resultion or property, arising out of or in conseque a caused, and whether or the same may of their employees or agents, or an 9 at the time of attending this activity. It days. I agree that I am attending the will follow all PFOC rules, requirements.	Club (PFOC) activity and hold harmless all for loss or injury of the dog entered in this imagers, employees, organizers, volunteers on of the liability imposed by law upon anying there from, sustained by any person once to my (our) participation in this activity ay have been caused or may be alleged to y other persons.  I also attest that I have not been in contact in activity entirely at my own risk and takents, protocols and guidelines to reduce any farzona and Maricopa County guidelines.
regarding COVID-19.			
			osure incurred at any time by any person in st above if I am exposed to COVID-19.
By signing this waiver below I he	reby agree to follow everything cont	tained within this waiver.	
Signature of Owner/ Handler		Print Name	Date
Signature of Co-Owner/Handler		Print Name	Date
Dog's Name		Breed	
Have you printed and read the ru	ıles? Yes No		

Please mail this completed form and a check/money order made out to PFOC for \$50 (if this is the dog's first class with PFOC) or \$40 (if this dog has previously trained with PFOC) to the Training Director:

Marilyn Bennett, 7148 West Caribbean Lane, Peoria, AZ 85381