## Phoenix Field and Obedience Club Training Registration

Handler's Name:			∠ AND
Address:			O TOTOLOGICA
	State:		Phoenix Field and Obedience Club
Email Address:			g Field and g
Home Phone:	Day Phone:		Unedlence P
Dog's Name :	Breed:	Sex:	Ciun Ciun
How old will your dog be wher	n the series begins?		O CONTRACTOR OF THE PARTY OF TH
Date of Last Parvo?	Date of Last Rabi	es?	
Which hour do you prefer? 7:00  Training Series Beginning Description of the parties from any claim for activity. I hereby assume the full and the owner or lessor of the proof the aforementioned parties for persons, including myself (ourse however such injuries, death or other house been caused by negligence of the full attest to the best of my know with or exposed to any known cafull responsibility for my own head	loss or injury caused by this dog used presponsibility for and agree to independent of any and all loss and remises from any and all loss and remises from any and all loss and remises from any and all loss and remises, or on account of damage to damage to specific property may be of the aforementioned parties or a sweledge that I do not have COVID-arrier of COVID-19 within the past allth and safety during this activity.	ed in this Phoenix Field & Obedience pon the premises and from any claim mnify and save PFOC, its owners, may expense (including legal fees) by reases, including death at any time resulting operty, arising out of or in conseque to caused, and whether or the same mny of their employees or agents, or an analysis at the time of attending this activity. 14 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 anagers, employees, organizers, volunteers on of the liability imposed by law upon any ng 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 activity entirely at my own risk and takents, protocols and guidelines to reduce any f Arizona and Maricopa County guidelines
			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 con	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	les? Yes No		

Please mail this completed form and a check/money order made out to PFOC for \$50 to the Training Director: Marilyn Bennett, 7148 West Caribbean Lane, Peoria, AZ 85381