

Phoenix Field & Obedience Club Training Registration

Handler's Name _____

Address _____

City _____ State: _____ Zip: _____

Email Address _____

Home Phone _____ Day Phone _____

Dog's Name _____ Breed _____ Sex: _____

How old will your dog be when the series begins? _____

Date of last Parvo? _____ Date of last Rabies? _____

Level of Training? _____ Which hour do you prefer? (7 p.m or 8:15 p.m.)

(Conformation, Puppy-KPT, Puppy Beginners, Young Beginners, Adult Beginning, Advanced Beginners-1, Advanced Beginners-2, Pre-Novice, Novice, Open, Utility & Rally)

Which hour do you prefer? (7 p.m or 8:15 p.m.) _____ Training Series Beginning Date: _____



PLEASE INITIAL :

_____ I personally assume any and all responsibility and liability for the dog entered in this Phoenix Field & Obedience Club (PFOC) activity and agree to defend and hold harmless all other parties from any claim for loss, damages, or injury caused by this dog and/or my actions related to this dog to any person or property.

_____ I certify that the dog entered into this activity is healthy and has received any and all required vaccinations.

_____ I understand that dogs are animals and can have unknown and/or unpredictable reactions. I understand the physical nature and danger of my dog's actions and other dogs' actions in participating in this activity and/or event. I will not hold PFOC responsible for any other participants or their animals.

_____ I understand that these activities and/or events are physical in nature and require attention and care to both the animal, myself, other people, and the environment all at the same time. I acknowledge my experience and capabilities and believe I am physically able to participate in such activities and/or events. I further acknowledge that I am aware that these activities and/or events will be conducted in facilities owned and maintained by others and/or outdoor locations owned and maintained by others. I further agree and warrant that if, at any time, I believe conditions to be unsafe or I believe I am no longer able to safely participate, I will immediately discontinue further participation in the activity.

_____ I hereby assume the full responsibility for and agree to indemnify and save PFOC, its owners, managers, employees, organizers, volunteers and the owner or lessor of the premises from any and all loss and expense (including legal fees) by reason of the liability imposed by law upon any of the aforementioned parties for damage because of bodily injuries, including death at any time resulting there from, sustained by any person or persons, including myself (ourselves), or on account of damage to property, arising out of or in consequence to my (our) participation in this activity, however such injuries, death or damage to specific property may be caused, and whether or the same may have been caused or may be alleged to have been caused by negligence of the aforementioned parties or any of their employees or agents, or any other persons.

_____ I fully attest to the best of my knowledge that neither I nor my dog have any communicable diseases at the time of attending this activity. I agree that I am attending this activity entirely at my own risk and take full responsibility for my own health and safety during this activity. I fully submit PFOC and any other volunteers are in no way liable for any present or future communicable disease exposure incurred at any time by any person in attendance or not in attendance during or after this event and hereby waive all rights to file a lawsuit against above if I or my dog are exposed to any communicable disease.

I have read this agreement and fully understand and agree to all statements. I acknowledge that I have been given the opportunity to ask questions about the contents of this document. I understand the risks and benefits and agree to the provisions of this document to the greatest extent allowed by the law and agree that if any portion of this agreement is held to be invalid that the balance and remaining provisions of this agreement shall continue in full force and effect. I acknowledge that the Training Director has the right to deny registration or participation in PFOC classes to anyone. I sign this agreement voluntarily and with full acknowledgment of its significance.

Signature of Owner/Handler _____ Print Name _____ Date _____

Signature of Co-wner/Handler _____ Print Name _____ Date _____

Dog's Name _____ Breed _____

**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.**