

COLUMBUS ALL BREED TRAINING CLUB

NAME (One Handler Only) _____ Age of Trainer if under 18 _____

ADDRESS _____ Cell # _____

Home # _____

CITY _____, OH ZIP _____ Work # _____

EMAIL ADDRESS _____

(For CATC use only)



BREED _____ DOG'S NAME _____

BIRTH DATE _____ WEIGHT _____

WHERE DID YOU LEARN ABOUT OUR CLASSES ? _____

CIRCLE THE CLASS YOU WISH TO ENTER : OBEEDIENCE PUPPY
STARTING DATE _____ TIME PREFERENCE: 7:00 P.M. 8:00 P.M.

(We will try to meet your preference, but may not be able to due to
dog size & class availability)



MAKE CHECKS PAYABLE TO: CATC
Mail to : Kathe Friedlander
6309 Little Deer Lne
Columbus, OH 43213

OR

_____ Check here if electronic payment
was made

We cannot make refunds under any circumstances after the Beginner's orientation or Puppy Kindergarten first night. A fee will be charged for returned checks.

(DO NOT WRITE BELOW THIS LINE—CLUB USE ONLY)

Vaccination History : YES NO

Date Payment Rec'd _____

Notified of class _____

Cash _____ Check /MO # _____

NOTES :

Elect. Trans # _____

**WAIVER OF CLAIMS, ASSUMPTION OF RISK
AND ACCEPTANCE OF FINANCIAL RESPONSIBILITY AGREEMENT**

I, the undersigned, hereby acknowledge that I have voluntarily applied for dog owner/handler training, or related services, conducted by the Columbus All Breed Training Club. I understand and recognize that the Columbus All Breed Training Club is an all-volunteer club, non-profit community service organization of individual dog owners dedicated to helping other dog owners learn about responsible dog ownership and canine good citizenship through training their dogs. I further understand and recognize that the Columbus All Breed Training Club is not, and does not purport to be, an organization of "professional dog trainers", and that the instructor supplied are unpaid, volunteers, and are not professionals in the field of dog obedience training.

I understand that participation in dog owner/handler training, or related classes, will necessarily expose the participants to certain risks. I understand that the dogs participating in the class are untrained dogs, or dogs whose training has not yet been completed, and that the Columbus All Breed Training Club does not, and cannot, warrant the behavior or temperament of any dogs participating in such classes, nor can it warrant the behavior or experience level of the owner/handlers of such dogs.

I fully understand that these risks include, but are not limited to, the following representative examples, which are not intended to be all inclusive: the risks of the owner/handler and dog being bitten, scratched, tripped, attacked, frightened, knocked down, or otherwise injured by other dogs in the classes, by the owner/handler's own dog, or by other participants in the classes; the risks of tripping over or sliding upon floor matting, dogs or dog training related objects, or slipping on any solid or liquid waste matter, or colliding with dogs, other human participants, dog training equipment or building parts, including but not limited to walls, doors, support beams, gates and/or fences. In signing this document, the undersigned hereby acknowledges that I am fully aware of that such risks exist, that such risks are an inherent part of dog owner/handler training or related classes. As a result thereof, I voluntarily, freely and knowingly assume all such risks, both expressed and implied, whether or not specifically enumerated above.

In partial consideration of the opportunity to participate in dog owner/handler training classes or any other Columbus All Breed Training Club sponsored activities or events, I hereby agree that I, my heirs, distributees, guardians, legal representatives, and assigns, will not initiate a claim or legal action against, or otherwise sue, or attach the property of, the Columbus All Breed Training Club or its officers, directors, instructors, or members for any injuries, deaths, or property damage suffered as a result of participation in such classes, activities or events within the scope or the risks herewith voluntarily and knowingly assumed. This agreement includes, but is not limited to, my voluntary waiver of any and all claims, suits or causes of action based upon the other afore-stated risks herein voluntarily assumed.

Moreover, and furthermore, in partial consideration of the opportunity to participate in dog owner/handler training classes or other Columbus All Breed Training Club sponsored activities or events, I hereby release the Columbus All Breed Training Club, it's owners, directors, instructors, and members, from all responsibility in case of injury, death, loss or damage to myself, my dog, or any property which may be in curd during, before or after training sessions, or any other Columbus All Breed Training Club sponsored classes events, activities, or any other functions, when caused by other class, activity, event or other function participants or by my dog. I will not hold the Columbus All Breed Training Club, it's officers, directors, instructors, or members, legally or financially responsible in any such matter. Further, and recognition of the all-volunteer, non-profit amateur status of Columbus All Breed Training Club, I hereby agree that I will not hold the Columbus All Breed Training Club to the same standard of care as may be required for professional dog trainer's, or professional dog training facilities.

Should I personally, or my dog or dogs, or my minor children, be the cause of any injuries, death, loss or damage to persons attending, viewing or instructing the Columbus All Breed Training Club training session or any other Columbus All Breed Training Club sponsored activities or event, or to any property owned or leased by the Columbus All Breed Training Club I will accept full responsibility under the laws of the state of Ohio, and shall promptly and fully compensate any and all victims of such injuries, death, losses or other damages to the full extent provided by the laws of the State of Ohio. I further understand that under no circumstances will the Columbus All Breed Training Club be legally responsible for any negligence on my part, and I hereby agree to fully indemnify and defend the club, its officers, directors, instructors or members from any and all act of negligence or intentional misconduct on my part.

I further agree to save, defend and hold harmless the club, it's officers, directors, instructors and members, from any claims, suits or other actions resulting from the damages, losses, injuries or death, caused by my dogs or by me personally, or my minor children. I further agree that should it be necessary for the club, it's officers, directors, instructors, or members to sue or to take legal action in order to enforce this agreement, that I will agree to pay all reasonable legal fees, court costs, and related costs necessitated by such enforcement action. It is my further understanding that this waiver of claims, assumption of risks and acceptance of financial responsibility agreement, shall be construed pursuant to the laws of the State of Ohio, and I hereby agree to be bound by its terms.

I further understand that these training classes do not guarantee the performance or behavior of the dogs under any circumstances, and they are offered strictly as guidelines to the owner/handler in order to provide a community service, for the better interest of dogs and dog owners alike.

DATE _____ SIGNED _____
Trainer's Signature or Guardian's Signature if under 18 years of age

Check here if you agree your electronic signature is the legal equivalent of your manual signature on the above Agreement and you consent to be legally bound by this Agreement's terms and conditions

COLUMBUS ALL-BREED TRAINING CLUB

VACCINATION HISTORY

CATC must keep a vaccination record on file for your dog or puppy.
This form or similar form from your veterinarian's office must be received before your dog or puppy will be allowed in the building
You may bring the signed vaccination history with you on the first night of class.

OWNER _____

ADDRESS _____

DOG'S NAME _____ BREED _____

DOG VACCINATIONS: FOR BEGINNING OBEDIENCE CLASS	PUPPY VACCINATIONS: FOR PUPPY KINDERGARTEN CLASS
Date Given: _____	Date Given: _____
DA2P-P or DH-PP _____ REQUIRED	DA2P-P or DH-PP 1 st _____ REQUIRED
	REQUIRED 2 nd _____
	3 rd _____
BORDETELLA _____ REQUIRED	BORDETELLA _____ REQUIRED
RABIES _____ REQUIRED	RABIES _____ (When recommended by Vet)
RABIES TAG # _____	RABIES TAG # _____

PUPPIES ARE **REQUIRED** TO HAVE 1ST & 2ND DH-PP, AND BORDETELLA PRIOR TO THE START OF THE CLASS

VETERINARY CLINIC _____

ADDRESS _____

PHONE NUMBER (_____) _____

VETERINARIAN'S SIGNATURE (**REQUIRED**) _____

DATE _____

CATC BEGINNING CLASS QUESTIONNAIRE

Please fill out and return with your application.

1. How old is your dog or puppy? How long have you had him?
2. Where did you get your dog or puppy?
3. Is this your first dog or puppy?
4. Is your dog or puppy home alone during the day?
5. Are you using a crate or some other means of confinement?
6. Are you using a set feeding time or is it free choice?
7. Where does your dog or puppy sleep, i.e. which room?
8. Is your dog or puppy house broken?
9. Who is responsible for the primary care of your dog or puppy?
10. How many family members are with your dog or puppy on a daily basis?
11. Is this your first training class? What do you hope to accomplish by taking this class?
12. Please briefly list any specific problems you are having with your dog or puppy?

Owner _____ Dog's Name _____

Breed _____

COVID-19 Affidavit Agreement

The health and well-being of CATC members are of the utmost importance and, as such, we are taking measures to keep the buildings a safe environment for all members. As a result, we are asking all members participating in a class to do the following:

1. Complete the health screening questions below and bring to class with you the first week. If you answer "yes" to any of these questions, we ask that you stay home to help prevent any possible spread of COVID-19.
 - a. Within the last 14 days have you experienced a new cough that you cannot attribute to another health condition?
 Yes
 No
 - b. Within the last 14 days have you experienced new shortness of breath that you cannot attribute to another health condition?
 Yes
 No
 - c. Within the last 14 days have you experienced new muscle aches that you cannot attribute to another health condition or a specific activity, such as physical exercise?
 Yes
 No
 - d. Within the last 14 days have you had a temperature at or above 100.4 or the sense of having a fever?
 Yes
 No
 - e. Within the last 14 days have you had close contact, without the use of appropriate PPE, with someone who is currently sick with suspected or confirmed COVID-19?
 Yes
 No
2. Take your temperature prior to coming to class. If your temperature is at or above 100.4 please stay home and contact your instructor to let them know you will not be in class.
3. If you have travelled to any of the states that are currently included in the travel advisory (those states that currently have a COVID-19 positivity test rate of 15% or greater) we will ask that you self-quarantine for the recommended 2 weeks before returning to CATC.
4. Ask yourself the questions listed above before coming to class each week. If, at any point, you answer "yes" to any of them, contact your instructor to let them know you will not be in class.

By signing below, I acknowledge the following:

1. I will abide by the procedures listed above.
2. CATC reserves the right to conduct a temperature check, if they feel someone is exhibiting any of the symptoms of COVID-19. If that person has a temperature at or above 100.4, they may be asked to go home.
3. The policies and procedures are subject to change based on new guidelines issued by the State of Ohio, CDC, Ohio Department of Health, Franklin County Health Department, or Columbus Health Department.

Signature

Print Name

Date
