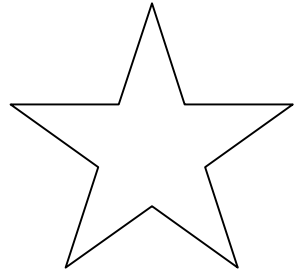


W.A.G.S Registration Form

P.O Box 512
5091B Massillon Road
Green, Ohio 44232
Phone 330-896-DOGS



Session Date (s) of Class Attending _____

Class Attending _____

Please fill out:

YOUR NAME: _____

YOU'RE ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: Day _____ Evening: _____

DOG'S NAME: _____ BREED: _____

SEX: M F AGE AT START OF CLASS: _____ EMAIL _____

PERSON(S) TRAINING YOUR DOG: _____

Please make check payable to: **W.A.G.S.** Mail, drop off, or bring the first evening of class along with a photo copy of your puppy's most current vaccination record, this signed registration form, and Canine Profile. Canine Profile forms are available to download on our web site or by calling our office. It is only necessary to fill out a canine profile once per student. We will keep these forms in our students records for future class sign up.

PLEASE ARRIVE 10 – 15 MINUTES PRIOR TO CLASS TO ENSURE A FULL HOUR TRAINING SESSION.

I understand that my attendance and participation in any W.A.G.S. Training Center class or activities, including agility, obedience school or any other activity or center function, is not without risk to myself, my dog(s) or any family member or guest who might be present at such functions. Some dogs to which I might be exposed may be difficult to control and/or aggressive towards other canines, and may be a cause of injury even when handled with care. In addition, it is my responsibility to keep my dog current on vaccinations, but I recognize that dogs might still be susceptible to various diseases in spite of the vaccinations. I expressly assume the chance of such damage or injury while attending any training class or activity of the W.A.G.S. training center or while on W.A.G.S facilities or neighboring area thereto. I hereby waive, release, discharge, and covenant not to sue W. A.G.S Training Center, its officers, members and agents from any and all liability of any nature, for injury or damage which I, my dog, or any family member may sustain including specifically, but without limitation, any injury or damage caused by the action of another dog or participation in the foregoing activities. I specifically understand that I am releasing, discharging and waiving any claims or actions that I may presently have or in the future have, for the negligent acts or other conduct by the officers, members, or agents of W.A.G.S Training Center. In further consideration of the foregoing and as an inducement to me in the W.A.G.S. classes or activities, I hereby agree to indemnify and hold harmless the W.A.G.S, its officers, members and agents, of and from any and all claims, causes of action, losses, damages, judgments, costs, or expenses, including attorney's fees, which in any way arise from my or my family members or guest acts, omissions, and/or negligence, irrespective of whether the acts, omissions and/or negligence of W.A.G.S., its officers, members and agents, or any third party contributed to the loss. I understand W.A.G.S staff, owners; officers can dismiss my canine from group activities and classes for any reason concerning aggression or other safety reasons. Current class payments for dismissed canines will be refunded to owners.

Date

Signature of Owner/Member/Participant

Print Name

Date

Signature of Handler (if different from Owner)

Print Name

