

REGISTRATION FORM:

Owner's

Name: _____ Date: _____

Address: _____

_____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Dogs Name: _____ Breed: _____

Dogs Current Training level: _____

Handlers Highest Title earned: _____

Email address: _____

Circle one: Working Spot \$250 Auditing \$125

Training Goals: _____

In exchange for permission to use the dog training facility owned by The Dogs Spot, I agree to RELEASE, INDEMNIFY and HOLD HARMLESS Kim Hicks, Chris Hicks and Families, The Dogs Spot and all or their agents, employees and instructors from any responsibility or liability for any loss, damage or injury that I may suffer, or any loss, damage or injury caused in any by me, or by any dogs or any guest that may accompany me while on the property owner by The Dogs Spot.

I agree that I will not make any claim against Kim Hicks, Chris Hicks and Families, The Dogs Spot and all or their agents, employees and instructors for any loss, damage or injury that I may suffer, or any loss, damage or injury whether property loss, personal injury, or damage or injury to any dogs or any guest that may accompany me. I accept the use of the facility AS IS with no guarantee.

I will be fully responsible at all times for my own actions and for the actions of any guest and/or dogs accompanying me, and i will fully reimburse Kim Hicks or The Dogs Spot for any loss or damage caused by me in any way, and/or by any guest or dog that accompanies me while on the property owned by The Dogs Spot.

In the event of cancellation by The Dogs Spot working and auditing fees will be returned in full, however monies for traveling and other costs will not.

I understand that this agreement will be binding on me during any and all future use of the dog train facilities owned by The Dogs Spot

Signature : _____

DATE : _____