

Application for Training Course

Susquehanna Trail Dog Training Club Membership

Please Print

Email: _____ Home phone: _____

Owner/Handler: _____ Cell phone: _____

Address: Street: _____

City: _____ State: _____ Zip: _____

Breed or Type Dog: _____ Age: _____ Male Female

Dogs Call Name: _____ Spayed Neutered

Shots for: Distemper Hepatitis Ra- Parvo License: _____

Every precaution will be taken against dog fights, biting and other accidents while on the training area property. Owners of the property will not be responsible for any accidents of any kind.

All handlers hereby agree that this activity shall be at my own risk against any injury, accident or casualty to myself or my property and that I take all risk of any kind, not matter how caused, and I hereby release and discharge the Susquehanna Trail Dog Training Club, and indemnify them of and from all actions, claims and demands of every nature and kind whatsoever which I or my heirs, executors, administrators or assigns, may now or can at any time hereafter have against the Susquehanna Trail Dog Training Club whether such loss, damage or injuries which may be caused by negligence, default or misconduct of the club, themselves, servants, agents or members or otherwise whatsoever.

All handlers are responsible for the dogs while they are training, and all dogs are enrolled at the owner's risk.

Any dog which appears to have a contagious disease or which appears to be vicious or uncontrollable may be refused the training course.

No bitch in season will be permitted in the training class.

Handler's Signature: _____ Date: _____