



DogSense
WORKSHOP REGISTRATION
HELP FOR THE SHY DOG

Saturday April 26, 2008 9:00am – 12:00noon

Primary Handler _____ Other family attending _____

Mailing address: _____

Phone: (h) _____ (other) _____

Email: _____

Dog's Name: _____ Age or DOB _____ Breed _____

Date of last Rabies Vaccine _____ Veterinarian & phone _____

Has your dog ever bitten anyone? Or another dog? Please briefly describe incident:

Is your dog reactive or fearful of other dogs _____ of people? _____

What are your goals for this class? Do you have any particular concerns or specific behaviors you would like to try to change?

Payment: Check # _____ Cash _____

*Please make checks payable to CAROLYN ROSS or DOGSENSE.
Mail Registration to CAROLYN ROSS @ P.O. Box 361, Gorham, ME 04038*

Thank you for joining our workshop!



LIABILITY RELEASE & INDEMNITY AGREEMENT

I, _____, give permission to Carolyn Ross, and her assistants to observe, train, and/or work with my dog(s). I do for myself and for my heirs, administrators, dogs, and assigns, do hereby release, indemnity and hold DogSense Training, the above mentioned trainers, and their agents and/or employees harmless from and against any/all liabilities, losses, expenses, injuries, damages, suits or judgements whatsoever which may occur or arise in the course of or in connection with my activities with dog training classes.

I submit this Release and Indemnity Agreement as part of my application to join group workshops at the Paw-zn-Around Dog Daycare in Saco, ME and it is valid for any private consultations.

I acknowledge that I am aware that while participating in activities designed to teach and/or rehabilitate behavior problems of my dog certain exposures to risk may be involved. These exposures include, but are not limited to, accidents, falls, bites, scratches, strenuous physical exercise and other risks involved in high stress levels of work designed to teach or rehabilitate my dog.

I agree that this waiver and this Release and Indemnity Agreement shall be binding upon my heirs, and that it shall inure to the benefit of the successors, heirs, dogs, and assigns of the released parties.

INFORMED CONSENT

I have carefully read and agree to all parts of this agreement.

Handler Name: _____ Date: _____

Signature:

Address: _____

Email: _____

Dog's Name _____:

Event: Help for the Shy Dog Workshop

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