



DogSense
WORKSHOP REGISTRATION

**INTRO TO THE BASICS OF TTOUCH
BODYWORK**

Saturday May 10, 2008 9:00am – 12:00noon

Primary Handler _____

Other family members attending class _____

Mailing address: _____

Phone: (h) _____ (other) _____

Email: _____

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

Date of last Rabies Vaccine _____ Veterinarian & phone _____

Please describe your dog's basic personality:

Is your dog reactive to other dogs or shy of people? _____

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

Payment: Check # _____ Cash _____

*Please make checks payable to PAW-ZN-AROUND.
Mail Registration to Carolyn Ross PO Box 361 Gorham, ME 04038*

Thank you for joining our workshop!

Carolyn Ross

(207) 929-4482

ttouch@sacoriver.net



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: Intro To TTouch Bodywork

April 12, 2008