

DÖGZ

Canine Sports Centre

RALLY-O



Fees: 1st dog - per 6 week session ___ \$125.00

2nd dog - in same session ___ \$100.00

Class Level: ___ Novice ___ Advanced ___ Excellent

Session Start Date: _____ **Time:** _____

Handler's Name: _____

Dog's Name: _____ **Age:** _____

Breed: _____ **Sex:** _____

Mailing Address: _____

City/Province: _____ **Postal Code:** _____

Phone Numbers: (H) _____ **(W)** _____ **(C)** _____

Email Address: _____



~ Please read the Waiver on the back, as well as sign and date the form before you return it ~

Waiver

In consideration of the acceptance of the application and the provision of training, I agree to hold the organization, Dogz Canine Sports Centre, including it's officers, directors and owners of the premises harmless from any claim for loss or injury which may be alleged to have been caused directly to any person or thing by the act of this/these dog(s) while in or upon any club premises or grounds or near any entrance thereto, and I personally assume all responsibility and liability for any such claim. I further agree to hold the aforementioned parties harmless from any claim for loss of this dog by disappearance, theft, death or otherwise, and from any claim for damage or injury caused or alleged to be caused by negligence of the parties aforementioned, or by the negligence of any other person, or any other cause or causes. I hereby assume the sole responsibility for and agree to indemnify and save harmless the aforementioned parties from any and all loss and expenses (including legal fees) by reason of the liability imposed upon by any of the aforementioned parties for damage causing bodily injuries, including death, at any time resulting from or sustained by any person or persons including myself, or on account of damage to property arising out of or in consequence of my participation in any club event, howsoever such injuries, death or damage to property may be caused or may have been alleged to have been caused by negligence of the aforementioned parties or any of their employees, agents, or any other person. I agree that the organization has the right to refuse this application for causes that the organization shall deem to be sufficient.

Signed: _____

Date: _____

(Guardian must sign if handler is under 18)

Received By: _____

Date: _____

Please mail your completed form with your cheque made payable to "Dogz" (or etransfer sent to sue@dogz.ca) to;

Dogz ~ 3859 Carling Avenue ~ Nepean, ON ~ K2K 2Y7

