

K9 Alpha Training Agility Beginner 1 Course Application

Start Date: _____

Name of Owner/Handler: _____

Address: _____
Street City State ZIP

Email Address: (We do not share or mail list with anyone. Use is strictly for e-mail Newsletter, and notices of special events). Please print clearly:

Phone: _____
Home Cel

Name of Dog(s): _____

Age: _____ Breed: _____ Gender: _____

Does your dog have any physical problems, temperament issues, or disabilities which may affect training? If yes, please list below:

Does your dog have any hearing, visual, or other handicaps? _____

Is your Dog up to date on all vaccines? _____ Spayed or Neutered? _____

Veterinarian: _____

What do you wish to accomplish by participating in Agility (Please check all that apply)?

- Fun activity
- Interested in competing one day
- Curious---I want to try something new
- Exercise/energy outlet for my dog
- Certification of AKC ACT 1 and/or ACT 2
- Develop a deeper bond with my dog
- Increase my dog's training and responsiveness
- Other (Please be specific) _____

How did you hear about us? _____

If referred, whom referred by? _____

WAIVER, ASSUMPTION OF RISK AND AGREEMENT TO HOLD HARMLESS

As a condition to acceptance of this registration, the following agreement must be read and signed:

I understand that attendance of a dog training class is not without risk to myself, members of my family or guests who may attend, or my dog, because some of the dogs to which I/we will be exposed may be difficult to control and may be the cause of injury, even when handled with the greatest of care.

I hereby waive and release Indigo Adakai dba K9 Alpha Training, it's sponsors, assistants, and agents from any and all liability of any nature for injury or damage which I or my dog may suffer, including specifically, but without limitation, and injury or damage resulting from the action of any dog or participant, and I expressly assume the risk of any such damage or injury while attending any training sessions or other functions of K9 Alpha Training, or while on the Training grounds or the surrounding area thereto.

In consideration and as inducement to the acceptance of my application for training, membership in this training agility class, I hereby indemnify and hold harmless K9 Alpha Training, owners, agents, and property owners Susan Fiore and Anthony Mark of 1444 Bishops Lodge Rd, Santa Fe NM, from any and all claims, or claims by any member of my family or any other person accompanying me to any training session or function of K9 Alpha Training, or while on the grounds of the surrounding area hereto as a result of any action by any attendee, or dog, including my own.

Signature of Owner _____
or Authorized Agent _____
(Signer must be over 18 years of age) _____ Date _____

Print Name Please _____

Make checks payable to Indigo Adakai, or K9 Alpha Training, 1000 Cordova PL #374, Santa Fe, NM 87505.

Credit card payments may be made via electronic invoice, via Square