

LOUISIANA CAPITAL CITY OBEDIENCE CLUB REGISTRATION FORM

6-week Class: Dog Agility

Choose one!

Introduction to Agility
 Beginner Agility

Handler's Name: _____

Address: _____

City/State/Zip Code: _____

Email Address: _____

Cell Phone Number: _____

Dog's Name: _____ Age: _____ Sex: _____

Breed of Dog: _____

How did you learn about our agility classes? _____

Have you and your dog attended an agility class before? _____ Where?

FEE per Dog:

Non-Club Member: \$150; Club Member: \$75

(Club membership is by invitation, requiring attendance at 3 Club meetings within 6 months and a minimum of 25 volunteer hours per year to qualify for reduced rates.)

Make checks payable to LCCOC or pay through Pay Pal via LCCOC.org

Mail completed form with check to: LCCOC Treasurer, 10115 Tams Drive, BR 70815

For more information: email: agility@lccoc.org

Club Use: Paid: Ck # _____ Amount _____ Cash Amount: _____

Please be sure to sign next page (or back of this page if you printed on both sides..)

Liability Waiver
And
Assumption of Risk and Agreement to Hold Harmless

I understand that attendance at a dog agility training event is not without risk to myself, my dog, or to members of my family or guests who may attend because some of the dogs to which I (we) will be exposed to may be difficult to control and may cause injury even when preventative measures are taken.

I hereby waive and release the instructors, members, and guests of LOUISIANA CAPITAL CITY OBEDIENCE CLUB, INC. from any and all liability of any nature, for injury and/ or damage which I or my dog may suffer, including specifically, but not without limitation, any injury or damage resulting from the action of any dog, and I expressly assume the risk of any such damage or injury while attending any training session or club event or while on the training grounds or surrounding area thereto.

In consideration of and as an inducement to the acceptance of my participation as a guest in this agility group, I hereby agree to indemnify and hold harmless the instructors, members, and guests of LOUISIANACAPITAL CITY OBEDIENCE CLUB, INC. from any and all claims, or claims by any member of my family or any guest that may accompany me to group events, while on the training grounds or surrounding area thereto, as a result of any action by any dog, including my own.

Signature (Parent or guardian if a minor) _____

Print Name: _____

Date: _____

-