


<b>Class</b>	
<b>Week Day</b>	<b>Time</b>
<b>Paid</b>	<input type="checkbox"/> Cash  <input type="checkbox"/> Cheque

**CAMPBELL RIVER DOG FANCIERS SOCIETY**

PO Box 605, Campbell River, BC. V9W 5T9

**APPLICATION FOR TRAINING**

OWNER/HANDLER NAME <span style="float: right;">Age (if under 18)</span> <hr/> STREET <hr/> CITY <span style="float: right;">POSTAL CODE</span> <hr/> HOME PHONE # <span style="float: right;">WORK PHONE #</span> <hr/> CELL # _____ <hr/> E-MAIL _____	<b>HOW DID YOU LEARN ABOUT THESE CLASSES?</b> Former Trainee/Current Trainee <input type="checkbox"/> Veterinarian <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Pet Store <input type="checkbox"/> Groomer <input type="checkbox"/> Website <a href="http://www.campbellriverdogfanciers.com">www.campbellriverdogfanciers.com</a> <input type="checkbox"/> Other, _____  Pictures may sometimes be taken at class. If your picture is taken, do you give the CRDFS permission to post it to their web site? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**DOG INFORMATION**

CALL NAME <hr/> BREED <hr/> CURRENT AGE <span style="float: right;">Male <input type="checkbox"/> Female <input type="checkbox"/></span>	The following vaccinations are recommended; work with your veterinarian. Which ones do you have? DA2P/PARVO <input type="checkbox"/> Rabies <input type="checkbox"/> Bordetella <input type="checkbox"/> Other _____
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**AGREEMENT TO HOLD HARMLESS, WAIVER AND ASSUMPTION OF RISK**

I understand that attendance of a dog obedience 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 will be exposed may be difficult to control and may be the cause of injury even when handled with the greatest amount of care.

I hereby waive and release the CAMPBELL RIVER DOG FANCIERS SOCIETY (CRDFS) hereinafter referred to as the "Training Organization", its employees, officers, members 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, any injury or damage resulting from the action of any dog, and I expressly assume the risk of such damage or injury while attending any training session, or any other function, of the Training Organization, or while on the training grounds or the surrounding area thereto.

In consideration of and as inducement to the acceptance of my application for training membership by this Training Organization, I hereby agree to indemnify and hold harmless this Training Organization, its employees, officers, members and agents 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 the Training Organization, or while on the grounds or the surrounding area thereto as a result of any action by any dog, including my own.

Signature of Owner or Authorized Agent	(in case of a minor, a parent or legal guardian must sign)
Address (if different from above)	Date Signed