



Dog Works Class Application

Print
Class : _____ Instructor: _____

Class Dates: _____ Class time: _____ Class Fee: _____

All classes have an additional \$5 handling fee if payment is brought to first class.

Owner: _____ Phone: _____

Address: _____

email : _____ @ _____

Dog Works can use email to contact ? yes no

Dog Name: _____ Breed/type: _____ Age: _____

Has this dog been aggressive with people? yes no With dogs? yes no

Dog Works will reserve a spot in class when we receive the class fee, this application filled out, and shot record attached.

Write Instructor's name on lower left corner of check.

Make check to Dog Works, 200 Smyre Place Lane, Zirconia, NC 28790 Check # _____
Refunds granted up to the start of the second class.

The Dog Works, 200 Old Zirconia Road, Zirconia, NC, Waiver of Liability by participants in classes and events conducted at or by The Dog Works.

"I understand that attendance at a dog class is not without risk to myself or my dog. The nature of agility puts my dog at risk for injury. 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, intending to be legally bound hereby, for myself, my heirs, executors and administrators, voluntarily assume all risks of accident or injury, and release and forever discharge The Dog Works, Summit View Farm and its owners, their agents and employees from any and all liability for personal injury and property damage of any kind sustained on said property while exercising, training, or engaged in any activity with a dog, whether such personal injury or property damage is caused by the negligence of The Dog Works, Summit View Farm and owners of the property on which it occurred, their employees or agents." I further covenant and agree to indemnify and hold harmless The Dog Works, Summit View Farm, its owners, their employees and agents, from all loss and expense, including but not limited to damages, legal expenses and cost of defense, in any manner, arising from my use of said properties." I further covenant and agree to bring only healthy animals and will keep them under my control at all times. My dog will not be off leash outside the agility field or play field.

Signature: _____ Date: _____

Name Printed: _____

Please use the back of application to tell us what you expect out of your class. Give us a little history about your special pet. Check out the web site for discount information.