

TRIUNE CANINE TRAINING CENTER APPLICATION FOR COMPETITION AGILITY CLASS

Please mark the class and date. There is a limit of 10 dogs per class.

COMPETITION 2 6:30-7:30 P.M. (SMALL DOGS) (must have excellent title)

COMPETITION 2 7:30-8:30 P.M. (LARGE DOGS) (must have excellent title)

COMPETITION 1 8:30-9:30 P.M. (must be proficient in weaves and have novice title)

TUESDAYS

January 5, 2010

February 23, 2010

April 6, 2010

June 1, 2010

September 14, 2010

October 26, 2010

COST OF CLASS: \$120.00 FOR 6 WEEK SESSION. FEES MUST BE RECEIVED Prior to application being accepted for a reservation.

Directions to training facility in Lawrence, Hiway 59 (Iowa Street), go to 6th Street. Go west (left) on 6th to Kasold. Turn North (right) on Kasold and go 1.9 miles to 1st driveway on right side after crossing over 1-70. The indoor arena is the large beige building.

NAME: _____

ADDRESS: _____ **CITY:** _____

STATE/ZIP _____ **HOME PHONE:** _____

WORK PHONE: _____ **E-MAIL** _____

BREED OF DOG: _____ **DOG'S CALL NAME:** _____ **DOG'S AGE:** _____

DOG'S JUMP HEIGHT _____ **VACCINATION DATE:** _____

Agreement to Hold-Harmless Waiver & Assumption of Risk

I understand that attendance of a Dog Agility 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 Triune Canine Training Center and their 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 to, 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 while on the training grounds or the surrounding area thereto.

In consideration of and as inducement to the acceptance of my application for Dog Agility Training with Triune Canine Training Center, I hereby agree to indemnify and hold harmless Triune Canine Training Center and their agents from any and all claims, or claims by any member of any family or any other person accompanying me to any training session or while on the grounds or the surrounding area thereto as a result of any action by any dog, including my own.

If because of riots, civil disturbances or other acts beyond the control of Triune Canine Training Center, it is impossible to complete classes, no refund of training fees will be made. There will be a \$15 charge on all returned checks. No equipment is to be used except that approved by the instructor.

Signature _____ Date: _____

Class Fee is due before a reservation for class will be made and is NON-REFUNDABLE. Please make check payable to **TRIUNE CANINE TRAINING CENTER** and mail to 1774 E. 1200 RD, LAWRENCE, KS 66049.

For more information call (785) 865-6670.