

REGISTRATION FORM

Please mail this form, with *proof of rabies vaccination/titer (puppies over 6 months)*
and a check (\$20 return check fee) made payable to:
DOG ZONE, 544 Wa Wee Nork Dr, Battle Creek, MI 49015



OWNER/HANDLER NAME _____

DOG'S NAME _____

ADDRESS _____

DOG'S BREED _____

CITY _____ STATE _____ ZIP _____

DOG'S AGE _____ MALE/FEMALE _____

HOME PHONE _____ WORK PHONE _____

VET'S NAME _____

CLASS NAME _____

START DATE _____

DAY OF WEEK _____

CLASS TIME _____

RELEASE AGREEMENT

I understand that bringing my pet into contact with other dogs and people poses certain risks, including the risk of contracting disease or injury. On behalf of myself, any member of my household, and/or my dog, I assume all risks associated with participating in any activities with Dog Zone. I agree that Dog Zone, its respective employees and agents are not responsible for any damages that might arise from participating in activities with Dog Zone, either onsite or offsite, including, but not limited to, damages arising from personal injury to myself or my dog, medical bills, veterinary bills, loss of personal property, emotional distress, or any other damages that I, my dog, member of my household or guest that I invite may suffer.

I understand that in admitting my dog to Dog Zone, the facility has relied on my representation that my dog is in good health and has not harmed or shown aggressive or threatening behavior towards any person or any other dog. I understand that I am responsible for any harm caused by my dog while my dog is attending activities at Dog Zone. I shall indemnify Dog Zone against any claims made against the corporation or losses or damages of any kind suffered by Dog Zone as a result of my failure to inform Dog Zone of any pre-existing conditions that my dog may have (such as illness or aggression problems). I will take complete responsibility for my dog's actions.

I agree to allow Dog Zone staff and trainers to take photographs and videos of me, my dog(s), and anyone accompanying me during classes and to use the images for all purposes, including promotional materials and on the Dog Zone Facebook pages and Dog Zone website without compensation or further notice.

If you agree to the above, please sign your name in the space provided below.

Signature of Participant

Date

(If Participant is under 18, a parent / guardian must sign their consent.)