

Obedience Club of Daytona, Inc.
PO Box 290822
Port Orange FL 332129

Level: One Two Three
Semester: Fall Winter Spring
Year: _____

Registrar only: Tested: Yes No
Passed: Yes No
Payment: Cash CK# _____
Class credits (attached)
Proof of vaccination _____

AGILITY TRAINING APPLICATION

Please print clearly

Handler's Name _____ OCOD member? Yes No

Owner's Name (if different from Handler) _____

Address _____ City/State/Zip _____

Phone _____ E-mail address _____

Age of handler (if under 18) _____ (Parent or guardian must be present at all classes)

Dog's call name _____ Breed _____

Age _____ Sex _____ Neutered/Spayed? Yes No Veterinarian _____

Have you trained in agility with this dog before? Yes No Where? _____

To what level of competence? _____

Any agility, obedience, or other titles on this or other dogs? _____

Agreement to Hold Harmless Waiver and Assumption of Risk

I agree that attending these agility training classes is not without risk to me, my dog, my family or guests who may attend because some of the dogs in the classes may be difficult to control even when handled with the greatest amount of care.

I agree to hold the Obedience Club of Daytona, Inc., its members, agents, and the owner/lessor of the premises and any employees of the afore-mentioned parties harmless from any claims for the loss or injury which may be alleged to have been caused directly or indirectly to me or any other person or thing by the act of any person or dog committed in or upon training class premises.

I assume sole responsibility for and agree to indemnify the afore-mentioned parties from any and all loss and expense for damage or injuries resulting from my and my dog's participation in these classes.

I have read and agree to the "Agility Class Rules," of which I have been given a copy.

Signature of Handler

Signature of Owner (if different from handler)