



Triune Canine Training Center

Application for classes

Class Requested

Time and Date: _____

\$145 for 6 week session (once a week)

All dogs must be friendly with other dogs and humans to attend class

MINIMUM OF 3 DOGS TO HOLD THE CLASS

All applications and payments due 1 week prior to class start date

Name: _____

Address: _____

City: _____ **State:** _____ **ZipCode:** _____

Phone : _____ **Email address:** _____

Breed of Dog: _____ **Dog's Age** _____

Vaccinations Dates:

DHLPP _____ **Rabies** _____ **Bordetella** _____

Agreement to Hold-Harmless Waiver & Assumption of Risk

I hereby waive and release Triune Canine Training Center 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 , 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 it is impossible for the student to complete classes or for a student to cancel registration after closing date, no refund of training fees will be made. There will be a \$15 charge on all returned checks.

Signature _____ **Date** _____

Please make check payable to Triune Canine Training and mail to 1903 E. Edwardsville Road Wood River, IL 62095. For more information call Joan at 618-830-7216 or email triunecanine@gmail.com