

CAPE MAY COUNTY DOG OBEDIENCE TRAINING CLUB, INC.

CLASS REGISTRATION APPLICATION

Enclose this completed registration form, waver, along with current shot records, and payment to reserve your place in class.

CIRCLE ONE-----PUPPY CLASS AT 5:30pm

BEGINNER CLASS AT 6:30pm

Donation for the 8 week course is \$95.00. Classes are limited to 11 dogs.

Make check payable to: CMCDOTC

Mail registration to: Ann Marie Shaw, 121 Tyler Rd, Greenfield, NJ 08270-9627

Class location: Lockwood 4-H Center, 355 Courthouse-South Dennis Rd, Cape May Court House, NJ

Club contact CMCDOTC@comcast.net or 609-827-5256 website CMCDOTC.com

Name (person training) _____

Address: _____

Email: _____ Phone _____

Emg. Contac Name _____ Phone _____

Dog's Name: _____ Breed: _____

Age: ___ Sex: M or F Spayed/Neutered. Dog's age when obtained _____

Have you owned a dog before _____ Breed _____

Have you ever trained this dog before: When _____ Where: _____

Has your dog ever shown any type of aggression towards people or other animals if so explain _____

I heard about CMCDOTC from:

Waiver, Assumption of Risk and Agreement to Hold Harmless

I understand that attendance at a dog obedience 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(we) 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 Cape May County Dog Obedience Training Club, Board of Directors, Officers, Employees, Members, and agents from any and all liability of any nature for injury which I or my dog may suffer including specifically, but NOT without limitation, any injury or damage resulting while attending any training session or other function of the organization, or while on the training grounds or the surrounding areas thereto.

In consideration of and as inducement to the acceptance of my application for Cape May County Dog Obedience Training Club classes, I, hereby, agree to indemnify and hold harmless this organization, its Board of Directors, Officers, Members, Employees and agents from any and all claims by any member of my family or any other accompanying me to any function of the organization or while on the grounds or the surrounding areas thereto as a result of any action by any dog, including my own.

Signature of Owner

Or Authorized Agent _____ Date _____

