

**CITRUS COUNTY DOG TRAINING CENTER**

**ACCIDENT WAIVER AND RELEASE OF LIABILITY**

**Class/Event** \_\_\_\_\_

**Date** \_\_\_\_\_

I, \_\_\_\_\_, have enrolled my dog and myself in a training class or other dog related activity sponsored by the Citrus County Dog Training Center. I, and any guest(s) I may bring, HEARBY ASSUME ALL OF THE RISKS OF PARTICIPATING AND/OR VOLUNTEERING IN THIS ACTIVITY OR EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of person or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault. This Release shall extend to any and all claims for damage to persons or property of any types whatsoever caused by my dog, myself and/or my invitees sponsored by CCDTC.

I certify that I am physically fit, to participate in the activity or event, and that I have NOT been advised to not participate by a qualified medical professional and that there are no health-related issues which may preclude my participation in this activity or event.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of CCDTC and/or the activity or event in which I may participate, and that it will govern my actions and responsibilities at said event.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

- (A) I Waive, Release, and Discharge, from all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which hereafter may occur to me including my to and from this event. The Citrus County dog Training Center and its directors, officers, employees, volunteers, representatives, and agents, the activity or event holders, sponsors, activity or event volunteers
- (B) I NDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this document and to hold same harmless from any and all liabilities of claim made as a result of participation in this activity or event. I acknowledge that CCDTC and its directors, officers, representatives, and agents are NOT responsible for the error, omissions, acts or failures to act of any party or entity conducting a specific event or activity on behalf of CCDTC.

I hereby consent to receive medical treatment which may deem advisable in the event of injury, accident and/or illness during and CCDTC training session or event.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video, or film to be used for any legitimate purpose by CCDTC, and any event holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum permissible under applicable law.

**I CERTIFY THAT I HAVE READ THIS, UNDERSTAND ITS CONTENT. I AM AWARE AND FULLY UNSTAND THAT THIS IS A RELEASE OF LIABILITY DOCUMENT AND CONTRACT AND SIGN OF MY OWN FREE WILL.**

**NAME:** ----- **PRINT NAME**-----

**NAME:** ----- **PRINT NAME**-----

**(Parent or guardian if under age of 18)**

**Location: Shamrock Industrial Park- Unit C, 6843 N Citrus Ave., Crystal River, Fl 34428, (352-212-1697)**



**CITRUS COUNTY DOG TRAINING CENTER LLC**

**Training Class Registration Form**

**Owners Information:**

**Date:** \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Emergency contact Name/Number: \_\_\_\_\_

**Dog's Information:**

Call Name: \_\_\_\_\_ Breed: \_\_\_\_\_ DOB/Age \_\_\_\_\_ Spayed/Neutered: Y/N \_\_\_\_\_

**Medical Information:**

Veterinarian Name/Address, Phone Number \_\_\_\_\_

**Vaccination dates** for the following: **DHPL or Booster:** \_\_\_\_\_ **Rabies:** \_\_\_\_\_, **Kennel Cough,** \_\_\_\_\_, **Titer** \_\_\_\_\_

**Please mark with an (X) which class you're interested in attending with your dog:**

*Puppy class* \_\_\_\_\_, *Level I Obedience (CGC)* \_\_\_\_\_, *Level 2 (have taken Level 1 or approved by instructor)* \_\_\_\_\_, \_\_\_\_\_

*Novice (competition)* \_\_\_\_\_, *Rally Novice* \_\_\_\_\_ *Rally Advanced/Excellent* \_\_\_\_\_ *Miscellaneous* \_\_\_\_\_ *(to be determined)*

I understand I am solely responsible for my dog's actions and will keep my dog under control and on a leash while attending classes at CCDTC. I agree to clean up after my dog and follow directions given by the instructor while on the premises of the CCDTC.

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature Name** \_\_\_\_\_

**Class Fee:** \$ \_\_\_\_\_

**Received by:** \_\_\_\_\_ **Check #** \_\_\_\_\_ **(made out to: CCDTC)** **Cash:** \_\_\_\_\_

**Forms and funds go to: Angela McMurray, Bow-Wow Boutique, 5625 W Gulf to Lake Hwy., Crystal River, FL 34428**

**Please read and sign back of form**

**Updated 6/7/2018**