

Name:

Address:				
Phone: E	mail:			
Dog's Name:	Bree	d:		
Birth Date:	Sex: Ma	e Neutere	d Female	Spayed
I, the undersigned, understand and associated parties (including proper damage, or injury sustained by part extends to cover all activities, class	rty owners and traine ticipants, spectators,	rs) assume no their dogs, or	responsibility property. This	for any loss
I acknowledge that parents or guard their children during K9 Principles I direct supervision to prevent injury	nc. classes, events, a		•	
By signing this form, I agree to wait Principles Inc., property owners, or or event. Furthermore, I agree to in- any claims, actions, or lawsuits, inc damage.	trainers arising from demnify and hold the	my or my dog aforemention	's participation ed parties harr	in any class nless from
Personal Information: The personal information provided administration of classes, events, a protection regulations.				
Signature:	Da	ite:		