

TOP NOTCH CANINES LLC

Class Application for New Students

Owner Information *(if handler different than owner please include handler info on back of form)*

Name: _____ Date: _____

Address: _____

City, State: _____ Zip Code: _____

Hm. Phone: () _____ Wk. Phone: () _____

Other Phone: () _____ E-mail: _____

Previous experience with training dogs _____

Dog Information

Name: _____ Age: _____

Breed: _____ Male _____ Female _____ Fixed _____

1st Choice Desired Class: _____ Starting Time: _____ Fee: _____

2nd Choice Desired Class: _____ Starting Time: _____ Fee: _____

3rd Choice Desired Class: _____ Starting Time: _____ Fee: _____

Additional information and class choice information that may help us assign you to a class _____

Vaccination or Titer Current? Rabies _____ DHLLP _____

This dog's previous training experience (include ANY titles) _____

Obedience commands or tricks your dog knows _____

Has this dog at anytime shown signs of aggression towards People _____ Dogs _____

Make checks payable to TOP NOTCH CANINES LLC
Mail to Debbie Strieter, 5201 W. Park View Ln, Glendale, AZ 85310

Discount: _____

Total: _____

| | | | | |
|--------------------|----------------------|--------------|-------------|----------------|
| For Club Use Only: | Amount Paid \$ _____ | Check: _____ | Cash: _____ | Credits: _____ |
|--------------------|----------------------|--------------|-------------|----------------|

TOP NOTCH CANINES LLC

Class Application for New Students

Statement of Responsibility and Waiver of Liability

I understand that agility is physically demanding sport for both handler and dog. I understand a variety of equipment is used which could result in injury to my dog or me. I understand that it is my sole responsibility as a student to ensure my own safety and the safety of my dog. If at any time I am uncomfortable with the safety of a situation it is my responsibility to notify the instructor that I will not be participating in that aspect of the training program.

I will not hold, Deborah Strieter, Top Notch Canines LLC, any person contracted to or employed by Top Notch Canines or any member of their families responsible for any loss, damage or injury to any person, dog, or property whether it is the result of accident, negligence, or any other cause. I further agree to assume full responsibility and liability for any and all injury or damage caused in any way by my dog(s) or myself.

I completely understand that I am training my dog and myself at my own risk. It is understood that during the course of training classes, if I or my dog is injured or becomes ill in any way, including being bitten by another dog in class, I will not hold, Deborah Strieter, Top Notch Canines LLC, any person contracted to or employed by Top Notch Canines or any member of their families liable in any way.

I understand that I may not bring guests or children to the premises without the permission of Deborah Strieter or other individual contracted to Top Notch Canines LLC. Guests and guardians of children will be required to sign a liability statement.

Student Name: (Print) _____

This waiver is valid for a period of 1 year from the date of signature.

Signature of Student: _____ Date: _____

Signature of parent or legal guardian if student is a minor: _____

(Minors must be accompanied by a parent or legal guardian while the minor is on the premises.)