ALL BREED TRAINING CLUB OF AKRON, INC.
Application for Classes

Name_____ **Date**_____

Address_____

City_____ **Zip**_____

Telephone:

1st_____

2nd_____

e-mail_____

Dog's Breed_____ **Age**_____ **Sex**___

Dog's Name _____

I hereby make application to enter the above named and described dog for training, and agree to abide by the rules and regulations of the Club; to carry out the recommendations of the instructors and to assist in training of the dog to the best of my ability; to attend classes regularly; and to do as much additional training of the dog as may be recommended by the trainer(s).

In consideration of the acceptance of this application and by entering the dog into these class(s), I agree to hold ALL BREED TRAINING CLUB OF AKRON, INC., its members, directors, governors, officers, agents, superintendents, committees, and employees of said Club holding the classes herein listed, and any and all persons connected with or associated with said Club, in whatever capacity, HARMLESS from: 1) Any loss or injury which may occur to any person or any thing and/or which may be caused directly or indirectly to any person or thing by any biting or by any other act by dog or dogs, while in or upon the premises or grounds, or in or at or near any entrance or entrances or exits hereto, whether or not and when said dog or dogs is or are being delivered or otherwise handled, and personally to assume full responsibility and liability therefore, and 2) and the disappearance and/or loss by theft or otherwise and/or the death of the said dog or dogs herein-above named, and/or all damage injury or injuries, damage or damages, is or are caused by the negligence or carelessness of said Club, its members or any person or persons connected with the said Club in any manner, or by any other person or persons, and/or by any other cause directly or indirectly operating while such person or persons and/or dog or dogs is or are on the Club premises.

I have received and read the Club's
Policy on Vicious/Aggressive Dogs

Must be signed by parent or guardian if applicant is a minor.

Signed:

THIS SECTION TO BE FILLED OUT BY CLUB ONLY!

DHL-PP: _____ (mm/yr)

Rabies: _____ (mm/yr)

Class / Date (mm/yr)

NO FEES REFUNDED

NSF CHECKS WILL BE CHARGED A $25.00 FEE.

DOGS IN SEASON NOT PERMITTED IN THE BUILDING