Application for Training Course

Susquehanna Trail Dog Training Club Membership

Please Print

| Email: | Home phone: |
|---|--|
| Owner/Handler: | Cell phone: |
| Address: Street: | |
| City: | State: Zip: |
| Breed or Type Dog: | Age: Male Female |
| Dogs Call Name: | Spayed Neutered |
| Shots for: Distemper□ Hepatitis □ R | ta- □ Parvo □ License: |
| Every precaution will be taken against dog fights, biting property. Owners of the property will not be responsi | - |
| All handlers hereby agree that this activity shall be at recasualty to myself or my property and that I take all rishereby release and discharge the Susquehanna Trail Dall actions, claims and demands of every nature and kinadministrators or assigns, may now or can at any time Dog Training Club whether such loss, damage or injurious misconduct of the club, themselves, servants, agents of | sk of any kind, not matter how caused, and I log Training Club, and indemnify them of and from nd whatsoever which I or my heirs, executors, hereafter have against the Susquehanna Trail es which may be caused by negligence, default or |
| All handlers are responsible for the dogs while they are risk. | e training, and all dogs are enrolled at the owner's |
| Any dog which appears to have a contagious disease o may be refused the training course. | or which appears to be vicious or uncontrollable |
| No bitch in season will be permitted in the training class | SS. |
| *****By your signature below, you state obedience club within a thirty mile radius the Club bi-laws: Any person applying for Trail Dog Training Club shall not be a mer a thirty mile radius. | and agree to Article 1, Section 8 of membership to the Susquehanna |
| Handler's Signature: | Date: |