

Ironclad Obedience Registration Form

Please fill out & return completed form with **\$125.00 non-refundable full payment** to:

Pam Long
P.O. BOX 2363
Acworth, GA 30102

<p>PLEASE PRINT</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>State: _____ Zip: _____</p> <p>Phones: Home _____ Work: _____</p> <p>Cell: _____</p> <p>Email: _____</p> <p>Dog's Name: _____</p> <p>Age: _____ Breed: _____</p> <p>Gender: _____</p> <p>Spayed or Neutered: _____</p> <p>Have you ever trained a dog before? _____</p> <p>Do you or your dog have any special problems/needs/concerns?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p style="text-align: center;">Office Use Only</p> <p>Class Start Date _____</p> <p>Vaccines OK _____</p> <p>Registration/Deposit Received _____</p> <p>Date _____ Amount _____</p> <p>Check # _____</p> <p>Balance due: _____</p> <p>Equipment purchased _____</p> <p>Collar _____</p> <p>Lead _____</p> <p>Other _____</p> <p style="text-align: right;">Total Due _____</p> <p>Amount Paid _____</p> <p>Check # _____</p> <p>Balance Due _____</p> <p>Check # _____</p>
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I _____ HERBY RELEASE PAM LONG AND/OR ALL ASSISTANT TRAINERS FROM ANY LIABILITY FOR INJURY OR DAMAGE TO ME, MY DOG OR ANY PROPERTY.

I UNDERSTAND THAT ATTENDANCE OF A DOG OBEDIENCE CLASS IS NOT WITHOUT RISK TO MYSELF, MEMBERS OF MY FAMILY OR GUESTS WHO MAY ATTEND OR MY DOG, BECAUSE SOME OF THE DOGS TO WHICH I (WE) WILL BE EXPOSED MAY BE DIFFICULT TO CONTROL AND MAY BE THE CAUSE OF INJURY EVEN WHEN HANDLED WITH THE GREATEST AMOUNT OF CARE AND CAUTION.

I HEREBY WAIVE ANY AND ALL CAUSES OF ACTION I MAY ACCRUE FOR DAMAGE OR INJURY SUFFERED BY ME OR MY DOG BY REASON OF OUR PARTICIPATION IN THIS CLASS.

I HEREBY WAIVE AND RELEASE PAM LONG AND/OR ALL ASSISTANT TRAINERS OF ANY LIABILITY OF ANY NATURE FOR INJURY OR DAMAGE WHICH I OR MY DOG MAY SUFFER, INCLUDING ANY INJURY OR DAMAGE RESULTING FROM THE ACTION OF MY DOG. I HEREBY AGREE TO RELEASE AND HOLD HARMLESS PAM LONG AND/OR ALL ASSISTANT TRAINERS AND TO INDEMNIFY AND DEFEND THE SAME IF NECESSARY FOR ANY DAMAGE OR INJURY WHICH MAY BE SUFFERED BY ME OR MY DOG DURING THIS CLASS. THIS AGREEMENT IS EFFECTIVE EVEN IF SUCH DAMAGE IS THE RESULT OF NEGLIGENCE BY ME OR ANY OTHER PERSON, INCLUDING THE ABOVE SPECIFIED. SHOULD MY MINOR CHILD (ANY CHILD TO WHOM I AM PARENT OR GUARDIAN) ATTEND OR PARTICIPATE IN THIS CLASS, I AGREE THAT THE WRITTEN RELEASE AND AGGREMENTS ALSO APPLY TO ANY CAUSE OF ACTION WHICH MAY ACCURE ON THE CHILD'S BEHALF.

Signature: _____ **Date:** _____

THIS CLASS IS 6 WEEKS AND \$125.00. Due to popularity of this class full payment is due before the first week of class to hold your spot.

PLEASE BRING SHOT RECORDS

TO THE 1st CLASS BRING

SOFT TREATS (hot dogs cut thin, string cheese, etc.)

DO NOT FEED YOUR DOG BEFORE CLASS

MAINTAIN CONTROL OF YOUR DOG AT ALL TIMES. DO NOT LET YOUR DOG SNIFF OR BE SNIFFED BY ANOTHER DOG.

MOVE YOUR DOG AWAY FROM THE ENTRANCE DOOR OR LEAVE YOUR DOG IN THE CAR UNTIL YOU HAVE COMPLETED REGISTRATION.

YOUR PUPPY MUST BE A MINIMUM OF 12 WEEKS OLD AND FINISHED WITH ALL PUPPY SHOTS.

WE HAVE EQUIPMENT FOR SALE AT CLASS IF YOU NEED IT.