

35B No, Chicopee St, Chicopee, MA 01020 (413) 533-0049 * EFDTCInfo@aol.com

Applicant Information Tuition is non-refundable Name _____ Street _____ City_____ State____ Zip Code_____ E-Mail Address: Home Phone: () - Cell Phone: () -May we send text messages to your cell phone pertaining to your class? Yes No Dog Information Call Name_____ Age_____ Veterinarian_____ Male / Female Neutered / Spayed Rabies Vaccine____/ ____/ ____ Distemper/Parvo Vaccine____/ ____/ ____ Reference (circle, please) Veterinarian Animal Shelter Friend Internet Breeder Other **Graduation Certificate** Owner's Name Dog's Name Are you experiencing any problems with your dog? Please list them on the back of this application. PLEASE READ CAREFULLY BEFORE SIGNING AGREEMENT TO HOLD HARMLESS, WAIVER AND ASSUMPTION OF RISK I understand that attendance of a dog training class is not without risk to myself, members of my family or quests who may attend, or my dog, because some of the dogs to which I will be exposed may be difficult to control and may be the cause of injury even when handled with the greatest amount of care. I hereby waive and release EXERCISE FINISHED DOG TRAINING CENTER, INC. hereinafter referred to as the "Training Center", its' employees, instructors, officers, members and agents from any and all liability of any nature, for injury or damage which I or my dog may suffer, including, but without limitation, any injury or damage resulting from the action of any dog, and I expressly assume the risk of such damage or injury while attending any training session, or any other function, of the Training Center, or while on the training grounds or surrounding area thereto. I hereby waive and release the building/property owner from any liability of any nature, for injury or damage which I or my dog may suffer while on said property. In consideration of and as inducement to the acceptance of my application for training by this Training Center, I hereby agree to indemnify and hold harmless this Training Center, its employees, instructors, assistants, officers, members and agents from any and all claims, or claims by any member of any family or any other person accompanying me to any training session or function of the Training Center, or while on the grounds or the surrounding area thereto as a result of any action by any dog, including my own. Signature of Owner or Authorized Agent (In case of minor, parent or legal guardian must sign) Signature Date

Class Pre-registering for:_____ Class Date:____