

Advanced AGILITY Classes

8 Week Sessions

Name: _____ Email: _____
 Phone: Day _____ Eve: _____ Cell: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Dog's Name: _____ Breed: _____
 Sex: _____ Spayed / Neutered / Intact _____ Age: _____

Early Bird Rate: No Fee for Members Non-members \$220
 Early bird payment must be received one week before the class start date. No exceptions.
 Fees after the Early Bird date are: Non Members: \$245
 Half Session Rates (4 weeks): Non Members: \$125

Monday Friday **Start Date:** _____ **Class Time:** _____ **Instructor:** _____
 Novice/Open** Masters** ****No fee for Members**
 Other-(please list) _____

All classes are held indoors at the DTCCC Training Center - Heated/Air Conditioned

Are you a DTCCC training member? Yes No
 Amount enclosed \$ _____ Amount paid using credit card online \$ _____
 Make checks out to **DTCCC**. Include this signed application and payment.

Non Members please include copy of current Rabies vaccination certificate.
 Mail to: DTCCC, 880 Springdale Dr., Suite 100, Exton, PA 19341 Attn: Nancy Schilling
[FMI contact Nancy at 3barkingmad@gmail.com](mailto:3barkingmad@gmail.com)

Waiver, Release and Assumption of Risk

AGREEMENT: This document records the agreement of the undersigned owner of any dog (a) being trained at or otherwise utilizing the facilities of the Dog Training Club of Chester County, Inc. ("DTCCC"), (b) participating in any event in which DTCCC is acting, at its facility or other premises, as a sponsor, facilitator or participant of and at a dog training or competition event, seminar, exhibition, show or fundraiser (together "Activity"), (c) that within the scope hereof DTCCC includes its directors, officers, members, agents and independent contractors while performing their respective DTCCC duties and actions, and (d) as such owner I hereby affirm:

- A. I understand that my attendance and participation in any Activity is not without risk to myself, my dog(s) or any family member or guest who might be present at an Activity. Some dogs to which I or my dog might be exposed may be difficult to control, may act aggressively towards other canines or owners and may be a cause of injury even when handled with care. In addition, while it is my responsibility to keep my dog current on vaccinations, I recognize that dogs may still be susceptible to various diseases or infections in spite of the vaccinations and may infect me or my dog. I hereby assume the risk of incurring any such infection or injury while attending any Activity and expressly release DTCCC, its directors, officers, members, agents and independent contractors of and from any and all liability of any nature, for injury or infection which I, my dog or any family member or guest may sustain, including specifically, and without limitation, any injury or infection caused by the action of another dog while participating in an Activity.
- B. I specifically understand that I am releasing, discharging and waiving forever any claim or action that I may have had, presently have, or may hereafter have for acts or other conduct by the directors, officers, members, agents or independent contractors of DTCCC.
- C. In further consideration of the foregoing and as an inducement to my participation in any Activity, I hereby agree to indemnify and hold harmless DTCCC, its directors, officers, members, agents and independent contractors, of and from any and all claims, causes of action, losses, damages, judgments, costs or expenses, including court costs and attorneys' fees, which in any way arise from my or my family member's or guest's acts, omissions and/or negligence, irrespective of whether such acts, omissions and/or negligence of DTCCC, its directors, officers, members, agents and independent contractors or any third party contributed to the loss.
- D. I am aware and agree that DTCCC or its authorized photographer may take photographs of me, my family and guests and my dog(s) for DTCCC's use in promotional materials including, but not limited to, printed material, website, press releases and fliers.

IN WITNESS WHEREOF, each of the parties in consideration of these presents has duly executed this Agreement as of the date set opposite each signature.
 THE DOG TRAINING CLUB OF CHESTER COUNTY, INC

Signature of _____ Dated: _____
 Owner/Member/Participant