



1060 N. Bee St., DeLand, FL 32720 386.717.8029
CarsinGSD@gmail.com www.dare2train.com

Please check appropriate class:

Nose Work	\$ 80.00	Puppy Class / AKC STAR Puppy	\$95.00
Nose Work: Drop-In	\$ 15.00	Basic Obedience / AKC Canine Good Citizen	\$95.00
Barn Hunt Lesson	\$ 30.00	Rally Basics	\$80.00
Private Training / Behavior Counseling	call	Rally: Drop-In	\$20.00

Class Registration

Name: _____ Dog's Name: _____

Address: _____ Breed: _____

City: _____ Male _____ Female _____ Date of Birth: _____

State: _____ Zip: _____ Neutered/Spayed? _____

Cell: _____ Vet's Name: _____

E-mail: _____ Vet's Phone: _____

Training Goals:

Release and Hold Harmless Agreement:

In consideration of my admission to training classes, I release Dare2Train, LLC, its owners, agents, associates, and the owners of the property and equipment, from any personal injury to myself or property damage which may arise out of my participation in these dog training classes. I understand that Dare2Train, LLC, and its owners, agents, and associates will take precautions to prevent injury or property damage, but that they are not insurers of my safety or my property.

I further understand that it is my responsibility to control my dog and myself (and any children or guests I bring with) while on the premises and I agree to hold harmless Dare2Train, LLC, its agents, associates, and the owners of the property and equipment, from any personal injury or property damage which I, my guests, or my dog may cause to others.

Dare2Train, LLC, has my permission to take and use photographs, videotapes and other recordings of training activities involving myself or my dog(s) for any lawful purpose without compensation.

I represent that I am over the age of eighteen (18) years or that my parent or guardian will sign on my behalf.

_____ Check here that you accept the Release and Hold Harmless Agreement

Signature: _____ Date: _____

You must bring to Class:
Proof of Vaccinations, including copy of Rabies Certificate

Office Use Only: Proof of Vaccinations
Copy of Rabies Certificate
Payment:

Class: _____ **Class Date:** _____