

Caribbean Canine Concepts

Training Application

Handler's Name _____

Address: _____

Daytime Phone: _____ Home or Cell: _____

Dog's Name: _____

Age: _____ Breed: _____

Vet: _____

Date of last vaccinations: _____

E-mail: _____

Waiver

The undersigned hereby waives any claim for damages or injuries of any type what so ever against Caribbean Canine Concepts, the property owner, its officers, or employees which may be suffered by the undersigned or the property of the undersigned, or by spectators brought to class by undersigned. By being on the premises occupied by Caribbean Canine Concepts or during the training of any animal owned or in the control of the undersigned. Undersigned assumes all responsibility for said dog and any injuries that dog may inflict on other dogs, or other handler's or spectators at training class.

Signature.

Date.

