Bayside Pet Resort

Training application & waiver

Owners name:		Date:		
Address:	City:	State:	Zip:	
Phone: (Home)	(Cell)	(Work)		
Email (Please print of	clearly):			
	Breed:		Weight:	
Age:	Sex: □ Male □ Female / □ Intact □ Altered If altered, at what age?			
Allergies: □ No	□ Yes If yes please explain			
Vet Clinic:	Vet Phone:			
What reason(s) d	lo you want/need dog training?			

GROUP TRAINING CLASSES

Puppy Kindergarten	Puppy Playgroup	Real World Etiquette
□ Basic Obedience I (CGC)	□ Basic Obedience II (CGCA)	□ Rally Obedience
🗆 Fun & Games	Sport Sampler	Tricks
Loose Leash Walking	□ Topics	Puppy Agility
Agility Foundation Skills	Beginner Agility I	Beginner Agility II
Intermediate Agility	Advanced Agility	🗆 Rally Fun Run
🗆 Agility Fun Run	□ Other:	

DAY TRAINING SERVICES (please complete our day training questionnaire)

Customized options:

 \Box 15-minute session

Fixed curriculum options:

 \square 15-minute session

PRIVATE TRAINING (please complete our brief private training questionnaire)

Private 1-on-1 in our facility options:

 \square 80-minute consultation/training session \square 1-hour private session

Performance Private 1-on-1 in our facility options:

 \Box 30-minute consultation/training session \Box 1-hour private session

DAY SCHOOL (please complete our day school questionnaire)

Day School options:

 \Box Full Day \Box A.M. \Box P.M.

Owner's name:	_
Dog's name:	

WAIVER READ CAREFULLY BEFORE SIGNING

RELEASE AND WAIVER OF LIABILITY, ASSUMING OF RISK AND INDEMNITY AND PARENTAL CONSENT ("AGREEMENT")

- 1. IN CONSIDERATION of being permitted to participate in the use of Bayside Pet Resort and Spa's agility field, training rooms, parking lots, it's Equipment and Surrounding Yard for any reason I, for our Dog Trainers, Executors and Administrators, **release** and forever discharge Bayside Pet Resort and Spa, Owners, Employees, Dog Trainers, and their Administrators, Directors and Structures, of all liabilities, claims, actions, damages cost or expenses which I may have against them arising out of or in any way connected with my participation in the activity, including travel to or from the activity, and including injuries which may be suffered by me before, during or after the activity. I understand that this waiver includes any claims based on negligence, action or inaction of any of the above parties.
- 2. HEREBY ASSUMES FULL RESPONSIBILITY FOR THE **RISK** OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to the negligence of **releases** or otherwise while competing, officiating, observing, or for any purpose participating in the activity.
- 3. EACH OF THE UNDERSIGNED expressly acknowledges and agrees that the activities of the activity are dangerous and involve the **risk** of serious injury and/or death and/or property damage. EACH OF THE UNDERSIGNED further expressly agrees that the foregoing **release**, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the State of Florida if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
- 4. If I, or anyone on my behalf, make a claim against any of the release, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASES from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim.
- 5. THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGN THE **RELEASE** AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducements apart from the foregoing written agreement have been made.

If handler is under 18 years of age, a parent or legal guardian's signature is required. Junior handlers, age 8 to 18 years, are allowed to participate in the uses of Bayside Pet Resort and Spa's Agility Field, Training Rooms and/or Parking lots with their dogs, provided they are accompanied by an adult who remains present throughout the class.

Handler/Owner's name: (Print)			
Handler/Owner's signature:	Date:		
Parent or Guardians name: (Print)			
Parent or Guardian's signature:	Date:	-	
□ Client waiver signed <u>C</u> □ Completed Medical History Form	DFFICE USE ONLY		
 Completed Medical History Form Temp Test completed prior to Day Sc Total amount paid: \$		Employee Initials:	