

**Montgomery Alabama Dog Obedience Club, Inc.**

Agility Class Enrollment Application

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Handler’s Name: |  | Home Phone: |  |  |
| Address: |  | Alternate Phone: |  |  |
| City/State/Zip: |  | E-Mail: |  |  |
| *Members and previous students:* If you have attended a class since **January 2009** and your information is unchanged, you may enter Handler & Dog names and then select “Information on File”. | Information On File: | **[ ]** Handler **[ ]** Dog |  |
|  |  |  |  |
| Dog’s Name: |  | Dog’s Breed: |  |  |
| Dog’s Birthdate: |  | Dog’s Gender: | **[ ]** Male **[ ]** Female **[ ]** Neutered/Spayed |  |
| **SUBMIT YOUR DOG’S VACCINATION RECORD WITH THIS APPLICATION** Your dog must have the following vaccinations: **Distemper, Hepatitis, Parvo** - within the past 3 years **Rabies** - within the past year unless documentation of 3-year vaccination. **Bordetella** (Kennel Cough) - Nasal within past six months or Injection within past year *(please specify which was given)* |  |
| **[ ]** Dog’s vaccinations are scheduled prior to start of class. Therefore, I will mail or e-mail or fax the updated record to enrollment ***before the start of class***. |  |
| ***NO DOG WILL BE ADMITTED TO CLASS WITHOUT PROOF OF VACCINATION*** |  |
| Select Class: | **[ ]** Foundations I [ ] Foundations II [ ] Beginner [ ] Advanced Beginner |  |
|  | [ ] Specialty Class [ ]  Barn Hunt | (Please see the MADOC.CLUB homepage for available classes & times) |  |
|  |  |  |  |
| Class Fees: | Non-Members: $70.00 | Members: $35.00 | Checks must be payable to: **MADOC** |  |
| Payment should be received before class starts. |  |
|  |  |
| Please send the **Application, Waiver,** And **Application Record** to: | MADOC  c/o Gina NewsomeP.O.Box 241564Montgomery, AL 36124  |  |
| Signature: |  | Date: |  |  |
|  |  |  |  |  |
| You will receive confirmation of your enrollment by e-mail shortly before classes start. |  |
| Should you have any questions e-mail enrollment@madoc.org |  |
| **CLASSES ARE FILLED ON A FIRST-COME, FIRST-SERVED BASIS.** |  |
| For Club use only. Do not write below this line. Postmarked:\_\_\_\_\_\_\_\_\_\_\_\_\_ Vaccinations: \_\_\_\_\_\_\_\_\_\_\_ Waiver: \_\_\_\_\_\_\_ Notification: \_\_\_\_\_\_\_\_  |  |



MONTGOMERY ALABAMA DOG OBEDIENCE CLUB, INC.

RELEASE, ASSUMPTION OF RISK AND

AGREEMENT TO INDEMNIFY AND HOLD HARMLESS

I understand that attending a dog obedience training class is not without risk to my dog, myself, members of my family or guests who may attend, and that some of the dogs attending such class may be difficult to control and may be the cause of injury even when handled with care.

As further consideration for, and as an inducement to, the acceptance of my dog into the dog obedience training classes to be conducted by the Montgomery Alabama Dog Obedience Club, Inc. (“MADOC”), I hereby agree to indemnify and hold MADOC, its members, representatives, officers and directors (MADOC and all such persons being collectively referred to herein as “Indemnified Parties”), harmless from all cost, liability and expense, including (without limitation) reasonable attorney’s fees, arising or resulting from any and all claim or claims by any persons attending any training session or function conducted by MADOC, or while on the surrounding area, as a result of any action of my dog.

Additionally, I hereby release Indemnified Parties from any and all liability of any nature for injury or damage which I, my family, my guests or my dog may suffer, including (without limitation) any injury or damage resulting from the action of any dog. I hereby assume the risk of such damage or injury while attending any training session or other function conducted by MADOC or while on the surrounding area.

I sign this document willingly, having read and understood it. I understand that MADOC would not accept my dog in such obedience training classes without this Agreement and that Indemnified Parties are relying on this Agreement.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent if a Minor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_