

Waco Agility Group Class Enrollment Form



HUMAN INFORMATION														
Last Name:			First N	lame		Middle Initial:								
Address:														
City:									State	: Z	ip C	ode:		
Daytime Phone:	() -			Even	ing Phone:	()	_					
E-Mail Address:														
EMERGENC	EMERGENCY CONTACT INFORMATION													
Last Name:			First N	lame	:							Middle	Initial:	
Daytime Phone:	() -			Even	ing Phone:	()	_	1				
CANINE INFORMATION														
Name:		Breed:							□ Mal □ Neu		ed	□ Fer □ Spa		
Age:	Vet Name:				Vet Phone:	(•)	_	1				
My dog can(Check all that apply): Additional Skills:														
\Box Come \Box Sit \Box Down \Box Stay														
My dog's attitude towards strangers (Check all that apply): My dog's attitude towards other dogs (Check all that apply):														
\Box Very Friendly \Box Shy \Box May Bite \Box Will Bite \Box Very Friendly \Box Shy \Box May Bite \Box Will Bite														
CLASS INFORMATION														
Please check the class you wish to enroll in: (Total cost of each class — \$70) □ Pre-Agility Foundation □ Beginners □ Sequencing 1 □ Sequencing 2														
INDEMNIFI	CATION AND LIAB	ILITY WAV	/ER											
1. Understanding of Risk: I understand that participation in any WAG activity is not without risks due to the physical nature of the sport of agility and because any dog has the potential to cause injury. "WAG activity" is defined as any event sponsored by WAG or any use of the WAG field with or without supervision, including, but not limited to, agility trials and matches, training classes, seminars, demonstrations and individual and group practice.														
2. My Liability/Indemnification: I further agree that I bear all risk in participating in any WAG activity and that WAG and its volunteers, agents, board members and the owners of the premises upon which a WAG activity takes place shall have no liability whatsoever for any loss, damage or injury to myself, my children or children under my supervision, any dog(s) in my custody or my property regardless of how it was caused, EVEN IF NEGLIGENTLY CAUSED, or by whom.														
FORM MAILING INSTRUCTIONS														
Please return this form with a $\$20$ nonrefundable deposit to: (Make checks payable to WAG)				Ginny Robinson 1002 Printess Belton, TX 76513 Enrollment is limited so re possible so we may reserve										
Signature (Paren	t or guardian if minor)						Date:							