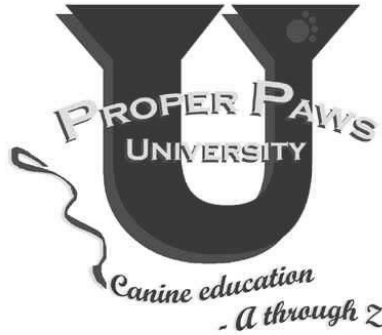


REGISTRATION



CLIENT INFORMATION

Name (Last, First)		
Address		
City	State	Zip
Home Phone	Work Phone	Cell Phone
Email Address		
Emergency Contact Name		Phone No.
Where did you hear about us?		

PET INFORMATION

Name	Breed	Color
Birth date	Circle one Male / Female	Circle one Spayed / Neutered
Veterinarian		

CLASS INFORMATION

Check one	Date		
Puppy I <input type="checkbox"/>	Basic Obedience <input type="checkbox"/>	Agility I <input type="checkbox"/>	Grumpy Growlers <input type="checkbox"/>
Puppy II <input type="checkbox"/>	Beyond Basic Obedience <input type="checkbox"/>	Agility II <input type="checkbox"/>	Seminar <input type="checkbox"/>
Puppy III <input type="checkbox"/>	Family Dog <input type="checkbox"/>	Fly Ball <input type="checkbox"/>	Private Lessons <input type="checkbox"/>
Teacup <input type="checkbox"/>	Therapy Dog Prep <input type="checkbox"/>	K-9 Performing Arts <input type="checkbox"/>	

PPU Release Form

I, the undersigned, hereby request permission to participate in dog obedience training provided by Proper Paws University. I have inspected the premises and I know the risk and dangers involved in such activities, and that unanticipated and unexpected dangers may arise during such activities, and I assume all risk of injury to my person and property that may be sustained in connection with the stated and associated activities in and about the premises.

In consideration of the permission granted to me to participate in the stated activities, I hereby, for myself, my heirs, administrators, and assigns, release, remise, and discharge the owners, operators, and sponsors of the premises, activities, and their respective service, agents, officers, and officials, and all other participants in the stated activities of and from all claims, demands, actions, and causes of actions of any sort for injury sustained to my person and/or property during my presence on the premises and my participation in the stated activities due to negligence or any other fault.

I represent and certify that I am over 18 years of age and that if I am under the age of 18, I represent and certify that I have the permission of my parent and/or legal guardian to participate in the stated activities, and that they have full knowledge thereof.

I have read and understood the foregoing request and release. In witness whereof, I executed this request and release on _____, 20_____.

Print Name

Signature of Participant

- PLEASE NOTE -

ALL CLASSES ARE NON-REFUNDABLE