

# CLASS REGISTRATION & RELEASE FORM



## KNOW ALL MEN BY THESE PRESENTS:

That I/We, \_\_\_\_\_ (“Owner”) for and in  
(circle one) (Clearly Print Name(s))

consideration of the sum of \$ \_\_\_\_\_ received by **The Dog Obedience Club of Hollywood, Inc.**, any member or agent thereof (“DOCOH”), the receipt of which is hereby acknowledged, does hereby remiss, release, acquit, satisfy, hold harmless, and forever discharge DOCOH, from all manner of action(s), cause(s), of action, suits, debts, dues, sums of money, accounts, reckonings, bonds, bills, specialties, covenants, contracts, controversies, agreements, promises, trespasses, damages, judgements, executions, claims and demands whatsoever, in law or in equity, which said Owner ever had, now has, or has or which any personal representative, successor, heir or assign of said party, hereafter can, shall, or may have against DOCOH, upon, or by reason of any matter, cause or thing whatsoever, from the beginning of the world to the day of these presents, including, but not limited to any and all claims, damages, or injuries caused now or at any time in the future which may be caused by the actions of any dog or animal which has been or may, in the future, be trained, instructed or enrolled in a class run by DOCOH.

The undersigned Owner/Handler further assumes full responsibility and liability for the actions of their dog while being trained, instructed, or enrolled in a class run by DOCOH, and specifically agrees to indemnify and hold harmless, DOCOH, its agents and instructors, for any and all damages caused by their dog. The undersigned Owner/Handler acknowledges that there are no refunds after the first night of any scheduled group class.

Until such time as COVID restrictions are eased and communicated to DOCOH by the Town of Davie, the undersigned shall review DOCOH’s COVID-19 Guidelines and shall execute and deliver a COVID-19 Waiver to DOCOH prior to joining any class.

The undersigned hereby agrees to the terms of this Registration & Release and accepts full responsibility for this dog as of the date shown below.

DATE: \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner

**PLEASE PRINT**

(Parent or Adult Guardian if Handler is under 18 years old)

Dog’s Call Name: \_\_\_\_\_

Breed: \_\_\_\_\_

Dog’s Age: \_\_\_\_\_

Spayed or Neutered: Y or N

Name of Owner: \_\_\_\_\_

Name & Signature of Handler (if different): \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Class: STAR Puppy Canine Good Citizen Manners Rally Agility Other: \_\_\_\_\_

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

Instructor: \_\_\_\_\_

Has your dog had any other training classes? \_\_\_\_\_

What does your dog already know? \_\_\_\_\_

What are your goals for this class? \_\_\_\_\_

Any future goals for your dog ? \_\_\_\_\_