

Susan Salo Seminar Registration
Make checks payable to: Barbara Currier
Mail to:
Party of 2 Agility
4305 Hurt Bridge Ln
Cumming, GA 30028
rotnchi@gmail.com

Handlers Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

Email _____

Dog's Name _____ Breed _____

Dog's Age _____ Dog's Jump Height _____

<i>Session</i>	<i>Working</i>	<i>Cost</i>	<i>Auditing</i>	<i>Cost</i>
Advanced Jumping 3 Day Camp		\$500.00		\$150.00

Total: _____

Assumption of Risk, Release and Indemnity

Please read the following Release of Liability carefully and sign your name in the space provided.

I agree that Party of 2 Agility has the right to refuse this application for any reason it deems sufficient.

I hereby acknowledge that I have voluntarily applied to participate in the dog training workshop with Party of 2, The Jacksons' and Susan Salo. I am aware that there are inherent risks and hazards involved in activities with and around dogs and I am participating in the workshop with knowledge of these potential risks.

In order to participate in this Party of 2 workshop, I, being fully informed of such risks, agree as follows:

1) to assume all risks of such workshop or activities

2) to release Party of 2, The Jacksons', it members and Susan Salo from any and all claims which I or my assigns may have that may result from such workshops or activities, including those relating to personal injury to myself, my dog(s), dogs in my charge, members of my family or guests and those relating to damage to property, in each case caused directly or indirectly by acts that might occur in or in relation to the Susan Salo workshop: and

3) indemnify, defend, and hold the Party of 2, The Jacksons' and Susan Salo harmless from all damage, loss, liability or expense, whether arising from negligence or any other reason or cause whatsoever, including legal costs and lawyer's fees, which result from any damage caused directly or indirectly by myself or dog(s) which I own or handle.

X

Signature

Date
