



**Class Registration Form
Four Week Class**

Name: _____ Date: _____

Address: _____ Email: _____

City/State/Zip: _____ Phone Number: _____

Emergency Contact: _____ Phone Number: _____

Dog's Call Name: _____ Breed: _____ Age: _____

Date of last vaccinations: _____ Parvo/Distemper: _____

Name of Class	Day of Week	Date of First Class	Time of Class

PLEASE NOTE: DOGS MUST BE UNDER LEASH CONTROL OR CRATED WHEN NOT WORKING.

COURSE FEES: _____ \$55/member _____ \$50/nonmember **(Pricing is for Four-Week Class Only)**

Make Checks Payable to: MADTA and mail to Carrie Solomon, 3305 Kranz Avenue, The Villages, FL 32163

Course fee paid by: CASH _____ CHECK # _____ RC'D DATE _____
(A \$25 fee will be charged for each returned check.)

Membership in MADTA is open to all persons in good standing with the American Kennel Club (AKC) and who subscribe to the mission, philosophy and policies of MADTA. Applicants must attend two (2) consecutive general membership meetings as a guest, and complete at least one (1) volunteer activity at a MADTA sponsored event prior to being voted upon for full membership. Dues are payable at the time of acceptance into MADTA. The membership application can be found on the MADTA website, www.madta.org.

**THANK YOU FROM THE BOARD OF DIRECTORS AND ALL MEMBERS OF MADTA FOR
CHOOSING OUR DOG TRAINING CLASSES.**

MARION-ALACHUA DOG TRAINING ASSOCIATION, INC

ACCIDENT WAIVER AND RELEASE OF LIABILITY

Event _____ **Date** _____

I, _____ have enrolled my dog and myself in a training class or other Dog-related activity sponsored by the Marion-Alachua Dog Training Association, Inc. ("MADTA"), a Florida not-for-profit corporation. I, and any guest(s) I may bring, HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING AND/OR VOLUNTEERING IN THIS ACTIVITY OR EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entitles being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault. This Release shall extend to any and all claims for damage to persons or property of any types whatsoever caused by my dog, myself and/or my invitees while on the training area used by MADTA, any property adjacent thereto and any other venue where I participate in activities sponsored by MADTA.

I certify that I am physically fit, to participate in the activity or event that I have not been advised to not participate by a qualified medical professional and that there are no health-related reasons or conditions which preclude my participation in this activity or event.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of MADTA and/or the activity or event in which I may participate, and that it will govern my actions and responsibilities at said activity or event.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my to and from this event, THE MARION-ALACHUA DOG TRAINING ASSOCIATION and its directors, officers, employees, volunteers, representatives, and agents, the activity or event holders, activity or event sponsors, activity or event volunteer; and

(B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this document and to hold same harmless from any and all liabilities or claim made as a result of participation in this activity or event. I acknowledge that MADTA and it's' directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific event or activity on behalf of MADTA.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during any MADTA training session or event.

I understand that at this event or related activities, I may be photographed, I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by MADTA and any event holders, producers, sponsors, organizers, and assigns.

The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Name: _____ Please Print Name: _____
(If under 18 years of age, Parent or Guardian must also sign)

_____ Please Print Name: _____
Please Print Name Parent or Guardian signature

Thank you. We look forward to working with you and your dog!