JESSICA MARTIN ENTRY FORM - Working Spot

Name:

Phone number and email address:

Dog's Name:

Breed and dog's birthdate:



Level dog is currently competing at, if any:

Please circle the date and seminar you would like to attend:

MASTERS HANDLING

Thursday and Friday, October 19 and 20 (1.00 pm to 5.00 pm)

OR

Saturday and Sunday, October 21 and 22 (1.00 pm to 5.00 pm)

STARTERS/ADVANCED HANDLING

Saturday and Sunday, October 21 and 22 (8.00 am to 12.00 pm)

GAMBLE

Friday, October 20 (8.00 am to 12.00 pm)

PUPPY/YOUNG DOG

Thursday, October 19 (8.00 am to 12.00 pm)

Please indicate here if you are using the payment plan: Yes No

Cheques should be made payable to Kiri Westnedge and mailed to 980 Abbey Road, Victoria, BC V8Y 1L2. Or, please send your electronic transfer to soaringpawsagility@gmail.com

Soaring Paws Agility: Jessica Martin seminar

Thursday & Friday, October 19 and 20, 2017

Saturday & Sunday, October 21 and 22, 2017

Waiver of Claims and Assumption of Risk

Please read this document carefully. By signing this document you will waive certain legal rights, including the right to sue.

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In consideration of the acceptance of this entreseminar I,	(print full not Soaring Paws Agility ich the agility activities tagainst any and all liabicorney's fees and expensions property and to personal injury and emotional or mental distrese activities. I further agrees	I name), hereby release and waive any form of the later of the activities during the damages thereof including loss of ress and all medical expenses for me, ee that Soaring Paws Agility has the
I am aware that agility seminars and events he sport of dog training, further dangers and risk slippery conditions such as mud and wet grass create hazards during the performance of agilidogs or equipment. I freely accept and fully a death or property damage to me, or my dog, a damages which may result from any reason versions.	s including but not limite ss, natural and manmad lity, and potential collision ssume all such dangers anyone I bring on or off-	ed to uneven terrain and footing, le conditions that may be hazardous or on with other participants or instructors. s and risks and the possibility of injury,
I certify that I am the actual owner of the dog(the dog(s) participating. I affirm that I and the in agility activities, and I accept as my person represent that the dog(s) participating is (are) myself in accordance with instruction given at Assumption of Risk is binding on me, my heir	participating dog(s) are al risk the consequence not a hazard to person nd other rules as outline	e in good health, capable of participating es of such participation. I certify and s or other dogs. I agree to conduct ed. I declare this Waiver of Claims and
I am of the full age of nineteen (19) years and which may accompany me to the classes and liability prior to signing it. I am aware that by swaiving certain legal rights which I or my heir against the afore mentioned parties.	l/or agility event and I has signing this Waiver of Cl	ave read and understood this release of laims and Assumption of Risk I am
Signature:Parent (if under 19 years of age):	Date:	Signature of Print name of Parent:
		i finit flame of Falent.

Must be signed by the participant or parent or guardian before the participant will be permitted to participate

in dog training events.