



# Canine Bliss, LLC Class Registration Form

What class are you registering for?	Class:	Time:	Start Date:
-------------------------------------	--------	-------	-------------

Mail to: Canine Bliss, LLC, 2724 W. State Street, Fremont, OH, 43420  
419-334-7571

Handler's Name(s):	Phone Number:
--------------------	---------------

Address:
----------

City:	State:	Zip Code:
-------	--------	-----------

Email:
--------

Dog's Name:	Breed:
-------------	--------

D.O.B./Age:	Sex:	Spayed/Neutered:	Yes	No
-------------	------	------------------	-----	----

Basic Obedience Class Series, 5 weeks (10 lessons) for \$150.00.

Puppy Class, \$15.00/class

Canine Good Citizen class series, 8 weeks (8 classes) for \$95.00.

All Drop-In classes are \$15/1 hour class. Packages are available.

All class sizes are limited. We focus on individual attention.

No refund of any fees after the first lesson. Enrollment is done on a "first come, first served" basis.

Class fees are due with this registration form.

**Dogs must be current on DHLPP-CV, Rabies, and Bordatella vaccinations.**

We require confirmation of current vaccinations from your veterinarian prior to the beginning of the first class.

Vaccines must be administered by a licensed veterinarian.

I certify that my dog(s) who will be attending training classes is (are) current on vaccinations and I have received the concurrence of my veterinarian for my dog to attend classes if there are any health (i.e. lameness or medications) which might interfere with my dog's ability to participate.

Vet's Name and/or Practice and Phone Number:


Date of Rabies:	
-----------------	--

Date of Bordatella:	
---------------------	--

Date of DHLPP/P:	
------------------	--



# Canine Bliss, LLC Waiver of Liability

I understand that attendance at a private or group dog training class, event, and/or function is not without risk to myself, to members of my family, to guests who may attend with me, or to my dog(s), since there may be situations and dog(s) to which I will be exposed that may be difficult to control and may be the cause of injury to persons or dogs, even when handled with the greatest degree of care and precaution.

I assume full responsibility for myself, for my dog and for anyone attending with me. I further agree to hold Canine Bliss, LLC, Kris Bliss, its agents, volunteers and employees and facility/property owners and management faultless for any illness, injury or loss that may occur to myself, to my dog, and to anyone attending with me. I, the owner of the dog described above, hereby agree to secure a proper training collar and leash as directed by Canine Bliss, LLC, Dog Training and to wear proper clothing and shoes for safety to permit effective training of my dog. I agree to provide proof of vaccinations as requested and understand that my dog may not be admitted to class without such proof being provided. I pledge to abide by the stated rules and will insure the same of my companions.

I understand that the degree to which a dog is successfully trained is a function of the interest, commitment, and cooperation of the owner. I acknowledge and agree that there is no guarantee that my dog will achieve the desired level of training despite the best efforts of the instructor.

I further understand that once the dog training classes for which I registered have begun, there is no refund of any kind should I be unable to complete the classes. Enrollment is done on a "first come, first served" basis. Class fees are due in full with a completed Indemnity Agreement, Registration Form, and New Student Profile prior to the first class session.

I acknowledge that I have read this Waiver of Liability and that I am entering into it voluntarily and with full understanding of the terms contained herein. I further agree that this Waiver of Liability is binding for this and all subsequent classes, events, and/or functions I attend.

Signature of Participant: \_\_\_\_\_

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

*(If this is for a minor child the parent/guardian must sign below.)*

Signature of Guardian: \_\_\_\_\_

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

*(If participant is not the dog owner, the owner must sign below.)*

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

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

I give my permission for Canine Bliss, LLC, and its instructors to use any photos taken at class of me and/or my dog(s) on the Canine Bliss, LLC, website or promotional materials. (Please initial box if you agree.)

*Personal Information or Photos will never be sold to outside parties by Canine Bliss, LLC.*