

**KENNEL CLUB OF FREEBORN COUNTY, MN, INC.**  
**15312 745<sup>th</sup> Ave.**  
**Glenville, MN 56036**

**Puppy Kindergarten Class Registration**

**Wednesday for 8 weeks, \$100**

Choose Class Time:  **6:00 pm**  **7:00 pm**  **Any**

Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Breed of Dog: \_\_\_\_\_ Call Name: \_\_\_\_\_ Age: \_\_\_\_\_

List previous training and the goal(s) you wish to achieve with your dog: \_\_\_\_\_

\_\_\_\_\_

The person training the dog must be old enough and of sufficient stature and strength to be in control of the dog at all times. Any dog that continually disrupts class and is out of control will be excused at the discretion of the trainer.

I agree to abide by the rules and regulations of the Kennel Club of Freeborn County, Inc. The club and its members will not be responsible or assume any liability in the event of an accident or misfortune to either the dogs or participants in this training class. It is understood and agreed that participants are solely responsible for the welfare and control of their dogs and belongings.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please return this form, both pages signed and dated, along with payment of \$100 to KCFC:**

**Jeanne Hendrickson**  
**15312 745<sup>th</sup> Ave.**  
**Glenville, MN 56036**

**You will be notified by email of your acceptance into the class checked above.**

*Club Use Only:*

Proof of rabies and immunizations (current date of certificate): \_\_\_\_\_

As recorded by member of club: \_\_\_\_\_ (initials)

Equipment purchased: \_\_\_\_\_ \$ \_\_\_\_\_

Fee for class: \_\_\_\_\_ \$ \_\_\_\_\_

**Total:** \$ \_\_\_\_\_

**Cash or Check:** # \_\_\_\_\_

## **WAIVER, ASSUMPTION OF RISK AND AGREEMENT TO HOLD HARMLESS**

I understand that attendance in a dog obedience or agility training class is not without risk to myself, members of my family or guests who may attend, or my dog, because some of the dogs to which I/we may be exposed may be difficult to control and may be the cause of injury even when handled with the greatest amount of care.

I hereby waive and release the Kennel Club of Freeborn County, MN, Inc., its officers, members, instructors, and agents and the City of Albert Lea City Arena, its employees, attendants, and spectators from any and all liability of any nature, for injury or damage which I or my dog may suffer, including specifically, but not without limitation, any injury or damage resulting from the action of any dog, and I expressly assume the risk of any such damage or injury while attending any training session, meeting, or other functions of the Kennel Club of Freeborn County, MN, Inc., while in the training room, building complex, parking lot, or the surrounding area thereof.

In consideration of and inducement to the acceptance of any application for membership in this obedience or agility training class, I hereby agree to indemnify and hold harmless the Kennel Club of Freeborn County, MN, Inc., its officers, members, instructors, agents, spectators from any and all claims, or claims by any member of my family or any other person accompanying me to any training session, meeting or function of the Kennel Club of Freeborn County, MN, Inc. or while on the grounds or surrounding area thereto as a result of any action by any dog, including my own.

Signature of applicant/owner or authorized agent: \_\_\_\_\_

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

I give permission for my dog(s) and its handler (myself or others) to be photographed and for those photos to be displayed on the KCFC webpage, Facebook page, or in printed club publicity which may include brochures, posters or printed advertisement in local publications.

Signature of applicant/owner or authorized agent: \_\_\_\_\_

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