

Cooper's Dog Training and Behavior Modification

Group Class Form and Waiver

Name: _____ Date: _____

Mailing Address: _____

Daytime Phone: _____ Evening Phone: _____

E-mail: _____

Dog's Name: _____ Breed: _____ Sex: _____ Altered? **Y N**

DOB: _____ Got From: _____ When? _____

Veterinarian: _____ Phone: _____

Vaccines are required for your pet per your Veterinarian's guidelines. It is **your responsibility** to have the appropriate vaccinations administered to your dog to protect him/ her from any disease potentially transmitted in a boarding, training and socializing situation. Please list any received (current) including date:

Emergency Contact: _____ Phone: _____

Does your dog do well with other dogs? **Y N** Does your dog do well with other people? **Y N**

If no, please explain: _____

What issues are you having with your dog? _____

What training have you done with your dog so far? _____

Please list any food allergies that your dog may have: _____

Do any participating humans have peanut allergies? **Y N**

Signed: _____ **Date** _____

(If a minor, a parent or legal guardian must sign.)

Cooper's Dog Training and Behavior Modification Waiver and Agreement to Hold Harmless

I understand that participation in Cooper's Dog Training and Behavior Modification's Group Classes, private sessions, seminars and events are not without some risk, that despite all the dogs appearing healthy, and being handled with the greatest amount of care and foresight, dogs are not always predictable and the unexpected may occur. I hereby assume any and all risks that would customarily and ordinarily occur by my participation in dog handling, dog movement or activities onsite, and consent to a release to the benefit of Cooper's Dog Training and Behavior Modification in consideration for my acceptance and participation in the program. I hereby waive and release Cooper's Dog Training and Behavior Modification, its employees, owners and agents and Play and Chase Dog Care, its employees, owners and agents of any and all claims while on the grounds or surrounding area thereto, and resulting from participation in Cooper's Dog Training and Behavior Modification including specifically, but without limitation, any injury or damage resulting from the action of any dog, including my own. I further agree to pay veterinary / medical expenses incurred as a result of injury caused by my dog(s). I give Cooper's Dog Training and Behavior Modification and Play and Chase Dog Care permission to seek veterinary care if necessary for my dog(s) at my expense, however, I will not hold Cooper's Dog Training and Behavior Modification or Play and Chase Dog Care responsible if they fail to seek veterinary care.

Signed:_____Date:_____

Print Name:_____

(If a minor, a parent or legal guardian must sign)



Model Release

This Agreement is between _____ and
Cooper's Dog Training and Behavior Modification

In consideration of the engagement as a model, and for other good and valuable consideration herein acknowledged as received, I hereby grant to Photographer, his/her legal representatives, heirs and/or assigns, those for whom Photographer is acting, and those acting with his/her authority and permission (collectively "Photographer"), the absolute right and permission to copyright and use, re-use, and publish, photographic portraits, pictures or video of me and my dog or in which I or my dog may be included, in whole or in part, or composite or distorted in character or form, without restriction as to changes or alterations from time to time, in conjunction with my own or a fictitious name, or reproductions thereof in color or otherwise, made through any medium at his/her studios or elsewhere, and in any and all media now or hereafter known, for art, advertising, trade or any other legal purpose. I also consent to the use of any printed matter in conjunction therewith.

I hereby waive any right that I may have to inspect or approve the finished product or products or the advertising copy or printed matter that may be used in connection therewith or the use to which it may be applied.

I hereby release, discharge and agree to hold harmless Photographer from any and all liability that has or may occur or be produced in the taking of said pictures or any subsequent process thereof, as well as any publication thereof.

I acknowledge that I am at least 18 years old, and have the right and ability to consent to the terms herein. I have read, understood, and agree to the terms of this Release. I understand that I am or may be giving up certain legal rights by signing this Release.

Date: _____

Printed Name: _____

Signature: _____

Address: _____