TAMSU

LEARNING CENTRE for DOGS
1201 Adjala Tecumseth Town Line,
R.R. #4 Tottenham, Ontario L0G 1W0
Tel: 905-936-4661
APPLICATION FOR TRAINING

Please Print

Handler information:

Name(s): _____
Street: _____
City: _____ Province: _____ Postal Code: _____
Phone: _____
Class Attending:

- o Puppy I
- o Puppy II
- o Level III
- o Beginners
- o Beginner II
- o Novice
- o Open
- o Utility
- o Agility
- o Flyball
- o Clicker
- o Other

HOW DID YOU LEARN ABOUT THESE CLASSES?

- o Former Trainee
- o Current Trainee
- o Veterinarian
- o Groomer
- o Newspaper Ad
- o Flyer
- o Kennel – Boarding
- o Kennel – Breeding
- o Other

Dogs' Call Name: _____
Breed: _____
Age of Dog: _____
Sex of Dog: o Male o Female

MEDICAL INFORMATION – TO BE COMPLETED BY TAMSU PERSONNEL. PLEASE BRING VACCINATION RECORDS TO FIRST CLASS:

Veterinarian:_____

Rabies: _____ DHL: _____

AGREEMENT TO HOLD HARMLESS, WAIVER AND ASSUMPTION OF RISK:

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

I hereby waive and release: Tamsu Learning Centre and the Mairs Family, hereinafter referred to as "TLC," its employees, members, agents and volunteers from any and all liabilities, of any nature, for injury or damage which I or my dog may suffer, including specifically but without limitation, any injury or damage resulting from the action of any dog, and I expressly assume the risk of such damage or injury while attending any training session, or any other function, of "TLC," or while on the training grounds or the surrounding areas thereto.

In consideration of and as inducement to the acceptance of my application for training membership by "TLC," I hereby agree to indemnify and hold harmless "TLC," its employees, officers, members, agents and volunteers from any training session or function of "TLC," or while on the grounds for the surrounding areas thereto.

_____ Date: _____
Signature of Handler or Authorized Agent
(In case of minor, Parent or Legal Guardian must sign.)

AS A CONDITION TO ACCEPTANCE OF THIS APPLICATION, THE ABOVE AGREEMENT MUST BE SIGNED.
NO REFUNDS AFTER THE FIRST WEEK'S CLASS

Office use: Payment: o Check _____ o Cash _____