

TVKC Dog Activity Waiver

(email form to tvkcmembership@gmail.com when complete)

Name of Owner and/or Handler _____

Address _____

City _____ State _____ Zip _____

Contact Phone _____ Cell Phone _____ E-Mail _____

Dog Breed(s) _____ Name(s) _____

I hereby agree to hold TANANA VALLEY KENNEL CLUB, its members, the board of directors, and instructors HARMLESS from: 1) Any loss or injury which may accrue to any person or thing and/or which may be caused directly or indirectly to any person or thing by any biting by, or by any other act of the said dog(s) while in or upon the premises or grounds, or in, at, or near any entrances or exits thereto, whether or not and when the said dog(s) is (are) being delivered, removed, or otherwise handled, and to personally assume full responsibility and liability therefore, and 2) the disappearance and/or theft or otherwise, and/or death of said dog(s) and/or all damages or injuries to said person(s) or dog(s) and all damages and/or damages caused by their own negligence or carelessness of the said club, its members, or by any other person connected with the club in any manner or by any other person(s), and/or by any other cause(s) directly or indirectly occurring while such persons(s) are participating in the above named event on club premises.

If I am enrolled in a TVKC class, I understand that refund policy is 100% when requested before the first class, 50% after the first to before the third class, and no refunds after the third class. I understand there will be no cash refunds.

TVKC cannot tolerate or allow aggressive dogs. Instructors have the authority to ask a student to muzzle their dog or leave class if necessary. If students are dismissed from class, the fee that would have covered the unused portion of the class will be refunded.

I understand that dog sports may require a high level of physical activity for both me and my dog. I am capable of sustained, intensive physical effort and am in good health. My veterinarian agrees that my dog is healthy, not overweight, and capable of the physical activity involved in dog sports. If my instructors feel that my dog is too young to jump at his/her adult height I agree to jump him/her at a lower height.

Please check if you DO NOT want to have TVKC information sent to you or to be placed on TVKC mailing lists ____

Sign: _____ Date: _____

____ I, the applicant, ENCLOSE COPY OF MY DOG'S (DOGS') CURRENT RABIES VACCINATION CERTIFICATE(S)

OR

____ I, _____ TVKC officer or official, attest that I have seen a copy of the applicant's dog's (dogs') Rabies vaccination certificate(s) and it is (they are) current _____
(Official's or Officer's initials)

____ I am handling someone else's dog and that person has given Rabies vaccination proof

Expiration date of Rabies Certificate _____