

# Training Application and Waiver

Please print out and send or fax to address below. Owner's

Name \_\_\_\_\_

Dog's Name \_\_\_\_\_

Breed \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Handler's Name \_\_\_\_\_

Owner's Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

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

Has dog had any prior training? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what type? \_\_\_\_\_

Type of training requested: Obedience \_\_\_\_\_ Evaluation Only \_\_\_\_\_

## Waiver Of Liability

I \_\_\_\_\_ understand and do hereby acknowledge that my attendance or the attendance of any family member to any training course or evaluation with VON FALCONER K-9 is not without risk, because of some areas and dogs to which I may be exposed, may cause injury to myself or my dog even when the greatest amount of care is taken.

I hereby waive and release VON FALCONER K-9 and any instructors or employees of VON FALCONER K-9 from any and all liability of any nature for injury or damage which I, my dog, or any family member may suffer, including specifically, but not without limitation, any damage resulting from actions of any person or dog, and I expressly assume the risk of such injury or damage while attending any training session or other function of VON FALCONER K-9 or while at any training location or the surrounding area thereto.

I \_\_\_\_\_ have read and understand and agree to the above application and waiver.

Signature \_\_\_\_\_ Date \_\_\_\_\_

VON FALCONER CANINE reserves the right to cancel your continued class attendance at any time; and, based solely at our discretion, your enrollment in any VFC function - if it is determined that your dog (while under your control) could constitute a danger to you or others.

**Von Falconer K-9 Training Facilities**  
**750 Comstock Lane**  
**Santa Cruz, CA 95060**