

SEMINAR REGISTRATION FORM

Seminar Attendance:

I will be attending only one day (Please list day): _____ I will be attending both days: _____

Handler Information:

Date: (dd/mm/yyyy)

First: _____ Last: _____

Address:

Street address: _____:

City: _____ State: _____ Zip Code: _____

Contact Information:

Phone # (Day): _____ Phone # (Eve): _____

E-mail: _____

Dog Information:

Name: _____ Breed: _____ Sex: _____ Age: _____

Dog is currently being trained for: (Please check mark applicable)

Obedience (Please check level) Beginner Intermediate Finished

DogSport: SCHIPO F. Ring PSA Other sport (Please list) _____

Personal Protection: Service Dog (Police) Search & Rescue Weight Pull Therapy

Other (Please list): _____

Payment:

Total enclosed: \$ _____ Check Number: _____

Note: Please make checks payable to: Fala Woods K9 Training, 301 East Main, Robinson Illinois, 62454

Important Waiver:

Absolutely no alcoholic beverages, illegal drugs or firearms will be allowed on the grounds or in the buildings on the day of the Fala Woods Seminar / Event. Fala Woods, its agents, associates and employees, and the site host assume no responsibility for any loss, damage, or injury sustained by spectators or by exhibitors and handlers, or to any of their dogs or property, and further assume no responsibility for injury to children not under the control of their parents or guardians. Fala Woods and the site host are not responsible for loss, accidents or theft. By signing this form, I hereby agree to waive any claim, action, or lawsuit and further agree to indemnify and hold Fala Woods, the site host, its agents, associates, employees or any person in the role of a decoy, handler from any claims, actions or lawsuits resulting from my participation in this seminar/event, and any action, decision or judgment made by Fala Woods or site host. My signature below indicates that I understand and agree to the above.

Signature: _____

Date: _____