

St. Louis Exceptional Dog Training

Brennan & Woolston Dog Training

Janice Brennan: 314-330-8052 janicebrennan@mac.com
Amy Woolston: 314-341-8663 amywoolston118@gmail.com

www.STLExceptionalDogTraining.com

Class Registration Form

PLEASE PRINT

Name: _____ Phone: _____

Address: _____ City/Zip: _____

Dog's Name: _____ Breed: _____ Age: _____

Class Choice: _____

Shot Record Confirmation

I confirm that my dog (named below) has been vaccinated for the age appropriate shots (RABIES, DHLPP, BORDETELLA) and these shots can be confirmed by my veterinarian or veterinarian clinic.

Veterinarian/Vet Clinic Name (please print) _____

Veterinarian/Vet Clinic phone number _____

Signature _____ Date _____

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Release Of Liability From Harm

I agree to the following items regarding my involvement with **Brennan & Woolston Dog Training**.

TERMS OF RELEASE OF LIABILITY

1. I accept full responsibility for any actions by myself during the course of any activity I participate in with Brennan & Woolston Dog Training, in accordance with the standards set forth by local and state laws governing such liability issues.
2. I accept full responsibility for any actions that I as an individual may be involved with that are not in accordance with these standards.
3. I agree to hold harmless Brennan & Woolston Dog Training in the event that I am involved in any unusual incident while participating with Brennan & Woolston Dog Training. This includes any action that may cause harm to another individual, dog, or property while performing any activity.

Your dog's name(please print)_____

Your dog's breed (please print)_____

Your name (please print)_____

Signature_____Date_____

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Media Release Form

I grant permission to Brennan and Woolston Dog Training to use my image (photographs and/or video) for use in Brennan and Woolston Dog Training publications including videos, email blasts, newsletters, and magazines and to use my image in electronic versions of the same publications or on the Brennan and Woolston Dog Training website or other electronic forms of media.

I hereby waive any right to inspect or approve the finished photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the image.

Please check the paragraph below which is applicable to your present situation:

_____ I am 20 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

_____ I am the parent or legal guardian of the below named child. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Date: _____

Name (please print): _____

Address: _____

Signature: _____

Signature of parent or legal guardian (if under 20 years of age): _____