

NOSEWORK SEMINAR REGISTRATION FORM

I want to register for the following:

- Introduction to Nosework (working - \$40.00)
- Nosework Problem Solving (working - \$40.00)
- Introduction to Nosework (auditing - \$20.00)
- Nosework Problem Solving (auditing - \$20.00)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Home Telephone: _____ Cell Phone: _____

Dog's Name: _____ Age: _____

_____ Male _____ Female Spayed/Neutered _____ Yes _____ No

If you are registering for the Nosework Problem Solving session, please complete the attached questionnaire. If you are new to nosework, please provide a brief description of other previous training experience: _____

Send registration with check payable to 4RK9's to Johnnette Ulch, 1294 78th Street Trail, Belle Plaine, IA 52208. Registration deadline is January 28, 2014. Contact Johnnette at johnnetteulch@netins.net for questions.

Liability Waiver

I agree by my signature to hold Joanne Soyke, Fur Better Fur Worse Dog Training, 4RK9's Dog Training Club, its members, directors, officers, the owner of the premises used for training, and any party or employee of the aforementioned parties, harmless from any claim or loss which may be alleged to have been caused directly or indirectly to any person, animal or things by this dog while in or upon the premises or near the entrance thereto. I personally assume all responsibility and liability for any such claim. I further agree to hold aforementioned parties harmless for any such claim for the loss of this dog due to disappearance, theft, damage or injury or any other causes. I am solely responsible for my children's safety and welfare as well as their supervision during the entire time they are present on the training grounds. To the best of my knowledge this dog is free of any contagious or potentially contagious diseases.

Date of most recent Rabies vaccination: _____ Date next due: _____

Date of most recent Distemper vaccination: _____ Date next due: _____

Veterinarian's name, address and telephone number: _____

(Signature)

(Date)