

**REGISTRATION / RELEASE FORM**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

BREED OF DOG: \_\_\_\_\_

DOG'S CALL NAME: \_\_\_\_\_

DOG'S AGE: \_\_\_\_\_ SEX: \_\_\_\_\_ SPAYED  NEUTERED

Rabies Vaccine Expiration Date : \_\_\_\_\_ **\*\*Please include copy of rabies certificate**

DATE OF CLASS: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

**AGREEMENT TO HOLD-HARMLESS WAIVER**

This Waiver/Release signed by me is good for anytime I am attending activities at 3-2-1 Flying Dog LLC. (Must be signed to participate in activities at 3-2-1 Flying Dog LLC)

I, the undersigned, assume full and complete responsibility for any injury or accident that may occur during participation in the activities at 3-2-1 Flying Dog LLC. I hereby release and hold harmless any and all other persons and entities associated with the activities. I understand that participating, I may expose myself, dog and members of my family or guests who may attend to risk of injury, which I assume fully responsible. I understand and agree that as a condition of my participation in the activities at 3-2-1 Flying Dog LLC, I will act in a legal and safe manner and will at all times control my domestic dog. I agree that my participation in these activities is at my sole risk.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

**Mail registration form, copy of rabies certificate and check  
to: P.O. Box 194 Kings Hwy. Swedesboro, NJ 08085  
Make Check Payable to: 3-2-1 Flying Dog Training**