

SEMINAR/EVENT REGISTRATION

Grand Forks Kennel Club

Seminar/Event Name: _____
Date : _____ Club Member: Yes / No
Attending With Dog: _____ Without Dog: _____
Event Fee: _____ Check Number: _____
Make checks payable to: **GRAND FORKS KENNEL CLUB**

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ E-Mail if any: _____
Age of Handler (if under 18): _____
(Parent or Guardian must sign Liability Waiver on behalf of handlers under 18)

Breed of Dog: _____ Name: _____
Age of Dog: _____ Sex of Dog: _____
Vaccinations Up To Date: _____

LIABILITY WAIVER:

*On behalf of myself, my heirs, executors, administrators and assignees: I hereby waive and release any and all rights and claims for damages which I may have against the **Grand Forks Kennel Club**, it's Board of Directors, Officers, Members, Training Director and Training Staff, as well as any others connected with this class or event, their heirs, executors, administrators, successors, and assignees for any and all injuries which I and/or any member of my family and/or friends, or my dog may suffer or cause while taking part in this class or event or as a result thereof.*

I consent that photographs taken while involved in Grand Forks Kennel Club activities may be used or reproduced by the Grand Forks Kennel Club for educational promotional purposes, including news media and publications. **Initial:** _____

Signature: _____ **Date:** _____