

DMOTC Training Class Sign-Up:
Please Print Clearly and Complete All Information Below

Person Training the Dog

Name:	
Zip Code:	
Phone #1:	Phone #2:
Email Address:	
By providing your email address, you agree to receive updates, class announcements, offers and a regular newsletter from the DMOTC. This email will only be used by DMOTC and will not be shared.	
<input type="checkbox"/> I do not want to receive emails regarding future classes and events.	
Are you a DMOTC Member?	<input type="checkbox"/> Regular <input type="checkbox"/> Associate

Dog Being Trained

Dog's Name:	
Breed:	
Dog's Date of Birth:	Dog's Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

How Did You Hear About Our Classes?

<input type="checkbox"/> DM Register	<input type="checkbox"/> Yellow Pages	<input type="checkbox"/> Veterinarian
<input type="checkbox"/> Website	<input type="checkbox"/> Demonstration	<input type="checkbox"/> Groomer
<input type="checkbox"/> Repeating Class	<input type="checkbox"/> Friend	<input type="checkbox"/> Kennel
<input type="checkbox"/> Past Student	<input type="checkbox"/> Club Member Referral	<input type="checkbox"/> Other

By signing this form, you agree that images of you and your dog in our classes/training facilities may be used by DMOTC for promotional events.

I do not want my image used in DMOTC promotional materials.

YOU MUST FILL OUT AND SIGN THE BACK OF THIS FORM.

OFFICIAL USE ONLY – DO NOT WRITE BELOW THIS LINE

Veterinarian Info Checked: <input type="checkbox"/> OK <input type="checkbox"/> Need Following:	
Rabies Vaccination Expiration Date:	Tag Number:
Puppy Beginners Intermediate Advanced Other _____	
Instructor:	Class Time:
Amount Paid:	<input type="checkbox"/> Cash <input type="checkbox"/> Check #
Discount? <input type="checkbox"/> KPT Coupon \$10 <input type="checkbox"/> Club Coupon \$_____ <input type="checkbox"/> Gift Certificate _____	
<input type="checkbox"/> Repeating Class (1/2 off) <input type="checkbox"/> Senior Citizen (\$5.00 off)	



RELEASE AND INDEMNIFY AGREEMENT

*Notice to Participants in DMOTC Sponsored Programs or Events:
This Release and Waiver Form must be completed, signed, and
given to your DMOTC instructor or designated DMOTC
representative prior to your participation in any DMOTC Sponsored
Program or Event.*

Prior to participating in this Des Moines Obedience Training Club, Inc. (DMOTC) sponsored program or event, I hereby acknowledge that this program or event includes activities that may involve exposure to individuals and their pets in a training or show environment and may therefore entail exposure to various types of hazards and risks, including, but not limited to, personal injury to myself, injury to my pet(s), and damage to my personal property.

With this understanding, and in consideration of DMOTC's acceptance of my entry for this program or event, I hereby waive and release any potential claims or causes of action against DMOTC, its members, instructors, directors, officers, agents and representatives, as well as the owner of the site at which this program or event will be held, and any other organizations sponsoring or affiliated with this event or program (hereinafter, "the Released Parties"), for any personal injuries sustained by me and/or my pet and/or any property damage that may occur as a result of my participation in the program or event. I further agree to hold harmless the Released Parties from any claim for personal injury or property damage which may be alleged to result, directly or indirectly, by any act of my dog while participating in this program or event, or while on the premises, and I personally assume all responsibility and legal liability for any such claims. I hereby assume sole responsibility for and agree to indemnify and hold the Released Parties harmless from any and all losses and expenses (including attorney fees and expenses) by reason of the liability imposed by law upon any of the Released Parties for damage because of personal injuries or property damage sustained by any person or persons, including myself, arising out of my participation or my dog's participation in this program or event.

I HAVE READ THIS AGREEMENT AND I UNDERSTAND AND ACCEPT ITS TERMS

(Please Print)

Date _____

Name _____

Signature of Participant _____

Parent or Legal Guardian Signature _____

(Required if Participant is under 18)