

4RK9's Dog Training Club Agility Class Registration Checklist

www.4RK9s.com 319-366-5668

INSTRUCTIONS

Make sure you remember to:

- \hfill out and sign registration form below.
- □ Include check **PAYABLE TO 4RK9s** for class.
- □ Include a copy of your latest vaccination certificates for rabies AND parvo AND distemper shots from veterinarian. These records are required by rules of the State of Iowa and you <u>must submit a copy</u> <u>even if you have submitted one for previous classes</u>.
- □ Additionally, during the time of concern of COVID19, you must include a signed Assumption of the Risk and Waiver of Liability (attached).

Send Registration Information to :

Lou Ann O'Malley 4RK9s Agility Coordinator 4006 Richland Dr. NW Cedar Rapids. la 52405

NOTICE : for Beginning Agility 2: Jumps and Tunnels beginning Feb 24, 2022 <u>ONLY</u> Send Registration Information to :

> Gary Warner 4223 F Ave. NE Cedar Rapids, IA 52402

Address above is only to send Registration Information. Address for Classes :

> 4RK9s 910 2nd Ave SW Cedar Rapids, IA 52404

Ways to Fill out Registration

- 1 You can print this blank form and fill it out by hand and sign.
- 2 Some Browsers will let you fill it out while viewing on your computer. Once filled out; print and sign.
- 3 You can download and save and use Adobe Reader to fill out then print and potentially save.

	RK9s
DOG TI	RAINING CLUB

4RK9's Dog Training Club Iowa Animal Welfare License #9437

Agility Class Registration Form www.4RK9s.com 319-366-5668 INSTRUCTIONS

Complete this form and mail certificates for rabies, parvo	together with a check for th and distemper to:	ne class fee payable to 4R	K9s Dog Training Clu	ub and copies of vaccination	
	For Mail-to a	ddress, see instructions	on first page		
				nt will reserve your spot in the cla sek prior to the start of your class	
Bring to class: a 6 ft leather (allowed for class training.	preferred) leash, lots of so	ft training treats, a water b	owl, and a positive at	ttitude! NO FLEXI-LEADS are	
		FEE SCHEDULE			
	Class	Member Price	Non-Member/Inactive Member Price		
6	or 7 Week Class	\$63.75 \$42.00		\$85.00 \$56.00	
	4 Week Class	\$42.00	¬	\$56.00	
Class Title:			Class Start Date:		
Handler's Name:			Dog's Name:		
Street Address:		City:		State: ZIP:	
Phone:	E-Mail :	y			
		ation with students portain	ing to the class and	for class confirmation. Please	
indicate if you require teleph	_	auon with students pertail	ing to the class and	TOI Class commutation. Flease	
Breed:	DOE	3:	Sex (M/F)	: Spayed/Neutered:	
What do you hope to accom	plich through this class?				7
					لے ۲
What previous dog training e	experience do you and/or y	our dog have (recent class	ses taken)?		
Have you previously shown	in a trial or plan to? If plan	ning to soon where and w	hen?]
					1
] T
How did you find out about t	his class?				
Please check here if yo	u do not wish to receive en			of this class.	
	f your rabies and distempe		arvo) vaccination tog	ether with this form regardless of	f
how many previous classes	you have attended at 4RK	9s. This information is req	uired by regulations of	of the State of Iowa.	
Date of Most recent Rabies	Vaccination:		Date Next Due:		
Date of Most recent Distemp Virus Vaccination:	per and Parvo		Date Next Due:		
		LIABILITY WAIVER			
	oned parties, harmless from	lirectors, officers, the owne n any claim or loss which n	hay be alleged to have	ed for training, and any party or /e been caused directly or indirec	ctly
	due to disappearance, the	ft, damage or injury or any	other causes. I am s	oned parties harmless for any su solely responsible for my childrer rounds.	
To the best of my knowledge	e this dog is free of any con	tagious or potentially conta	agious diseases.		
Signature:				Date:	

ASSUMPTION OF THE RISK AND WAIVER OF LIABILITY RELATING TO CORONAVIRUS/COVID-19

The novel Coronavirus ("COVID-19") has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies have recommended social distancing and have, in many locations, prohibited or limited the congregation of groups of people. 4RK9's, Inc. (hereafter referred to as 4RK9s) has put in place preventative measures to reduce the spread of COVID-19; however, 4RK9s cannot guarantee that you will not become infected with COVID-19. Further, attending and/or participating in any event at the 4RK9s building or at a separate location where 4RK9s is sponsoring the event could increase your risk of contracting COVID-19.

By signing this document, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 as a result of attending and/or participating in any event at 4RK9s and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at a 4RK9s event may result from the actions or inactions of myself or others. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for my decision to attend and/or participate in a 4RK9s event, and any personal injury, disability, illness, death, damage, loss, claim, liability, or expense of any kind, that I may experience or incur in connection with my participation in a 4RK9s event.

I hereby release, covenant not to sue, discharge, and hold harmless 4RK9s, its directors, officers, employees, agents, representatives, volunteers, members, successors, and assigns, and participants from any and all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating to my attendance and/or participation in any event hosted by 4RK9s. I understand and agree that this Assumption of Risk and Waiver of Liability Relating to Coronavirus/COVID19 covers any claims based on the action or inactions of myself, 4RK9s, its directors, officers, employees, agents, representatives, volunteers, members, successors, and assigns, local trial hosts, judges, and participants, regardless of whether a COVID-19 infection occurs before, during, or after participation in any 4RK9s event.

Dated: _____

Signature