

# THE CANINE CONNECTION


\* CLASS NAME \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_

Name: \_\_\_\_\_



Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

 Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Dog's Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Dog's Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed/Neutered: \_\_\_\_\_

Please describe any problems or issues:

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What is your main reason for taking this class?

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Copy of current vaccination and fecal record must be provided.

 You are confirmed in a class after registration forms, shot records & payment have been received.  
Class Sizes are Limited.

Make checks payable to: HSTC

If paying by Credit Card please complete below and fax or e-mail your registration form to:  
[jclifford@hstc1.org](mailto:jclifford@hstc1.org) or fax 772-220-3610

OR you may bring the completed forms and payment to the Front Desk at the Shelter  
Class Fee: \$140.00 Shelter Adoptee: \$110.00 **\*\*FEES ARE NON-REFUNDABLE\*\***

For Credit Card Payment:

Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Amt. \$ \_\_\_\_\_ Name on Card: \_\_\_\_\_

Billing Address/City/State/Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

## HELPFUL HINTS FOR A GREAT CLASS

- Bring soft treats and/or toys for your dog
- Please bring water and a bowl for your dog and a six-foot leash.
- Dogs should wear a flat buckle or snap collar or harness.

Instructors have the right to refuse a dog that is human or dog aggressive.





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### Release and Hold Harmless Agreement Form

**\*\*This form must be completed in order to participate in Agility/Obedience functions\*\***

- > I \_\_\_\_\_ being of lawful age and the owner of \_\_\_\_\_ (name of dog), a \_\_\_\_\_ (breed of dog), understand the educational purposes of the Humane Society of the Treasure Coast, Inc. ("HSTC") Puppy, Obedience, and Agility Classes, testing for Pet Therapy registration by an accredited tester/observer, and in consideration of being allowed to participate in the training classes being provided by HSTC, hereby acknowledge and agree (on behalf of my family members, heirs, legal representatives, and agents) that:
- > Training can cause stress in dogs and that such training will be done in the presence of other persons and animals.
- > There are risks and dangers involved in these training activities.
- > I accept full responsibility of any and all risk of injury or other consequence to my dog and myself that may be incurred while we participate in these activities.
- > I hereby release and hold harmless the HSTC, its officers, agents, directors, employees, representatives, volunteers, other enrollees, and the instructor/trainers from any and all claims, demands, expenses, and liability, whether from personal injury, death or property damage, incurred by the undersigned and which in any way arise out of any HSTC agility or obedience functions.

I have carefully read and understand this Release and Hold Harmless Agreement and am executing this instrument voluntarily.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

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



***Complete all information on Registration Form and the Release Agreements***  
**Mail completed registration and payment to: Humane Society of the Treasure Coast, Inc.,**  
**4100 SW Leighton Farm Ave., Palm City, FL 34990**  
**Attn: Jessie Clifford**  
**Phone: 772-600-3221**  
**OR**  
**E-mail: [jclifford@hstc1.org](mailto:jclifford@hstc1.org)**  
**Fax: 772-220-3610**

