



BREVARD COUNTY DOG TRAINING CLUB (BCDTC)
Member Class Pre-Registration Form

Full Name of Handler:

Dog's Name:

Breed:

Class:

Class Start Date:

Time:

I, the undersigned, hereby assume all risks of and responsibility for, accidents and damage, either to myself or to my property or to others, resulting from actions of my dog, and expressly agree that no member or instructor of the Brevard County Dog Training Club (BCDTC) shall be held personally or collectively responsible under any circumstances, for injury to my property due to the behavior of other dogs, or the negligence in any manner by students or members or instructors of BCDTC. The undersigned agrees to abide by all rules and regulations stipulated by BCDTC. It is my intention in joining this group to receive instruction in dog training. I fully understand that except for dismissal due to aggressive, disruptive behavior by my dog (as stipulated prior); I am not entitled to a refund of the class application fee either in full or in part.

I do hereby consent and grant BCDTC the right to reproduce, copy, publish, circulate or otherwise use photographs/likenesses/videotape segments of me and/or my dog and/or my name. This authorization and release covers the use of photos in any published form and any medium of advertising or publicity including the BCDTC newsletter, website, presentations and social media. This Agreement fully represents all terms and considerations and no other statements or promises have been made to me. I fully understand that I will receive no monetary payment for uses as described above.

Signed: _____ Date: _____
Please print, sign and bring a copy to class

NOTE: Please present proof of current vaccination status with your registration form and payment. (A titer is sufficient for vaccination status).

NOTE: This form does NOT guarantee a spot in a class. You will be contacted by a Member regarding your application. When you are officially registered, you will receive an email with detailed instructions. Please print this form and bring a SIGNED copy with you to your first class along with proof of vaccinations. OFFICE USE ONLY (Please do not write below)

Earned Hours Used for this Class: _____

Office use only. Please do not write below this line.

Vaccination Records checked by: _____ Expires: _____

Amount Paid: _____ Check # _____ Cash ___(√) Visa/MC ___(√) Hours Used _____

NOTE: an additional \$5.00 fee for credit card payments will be charged at the time of registration.