



Paws Up Agility, LLC
www.PawsUpAgility.com
info@pawsupagility.com

Beginning Agility Enrollment Form

Dog's Information

Name: _____

Breed: _____

Age: _____ How long have you had this dog: _____

Handler's Information

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone Number: _____ Receive Text Messages? Y/N

E-Mail Address: _____

Owner's Information (if different)

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Proof of rabies vaccination is required. Please include a copy with your Enrollment Form

Email completed form to info@pawsupagility.com

Bring payment of \$150 to the first class. Make checks payable to **Leaps & Bounds**.

Class size is limited so enroll early to ensure a place in the class.



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If you decide to withdraw from class for any reason, you will receive a refund for all unused classes if we can fill your spot with someone from the waiting list. This is only possible if you withdraw no later than a day after the first class session. After this date, it will be too late to fill your spot with someone else. In addition, because our classes usually fill to their limits, we cannot credit unused classes to a later date.

Indemnity Agreement

I certify that I am the actual owner or duly authorized agent of the actual owner of the animal described above. I personally assume total responsibility for this dog and agree to indemnify and hold harmless the organizers, instructors, property owners, participants, and insurers of all these parties from and against any and all expenses, losses, claims, and liabilities of any nature that arise from or incident to the use of facilities and obstacles belonging to or used by the organizers and participants. I understand that my dog and I use the facilities at our own risk, and that the above mentioned individuals are not responsible for any accident or injury that might arise from such use.

Signature of Owner or Agent or Guardian (if handler is under 18 years old):

Signed: _____ Date: _____