**NOSEWORK AT SHILOH ROAD KENNELS**

The cost for the class is $60.00 per month or $20.00 for a drop-in.   
  
  
   
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
  
Work Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
  
 Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_   
  
 Dog's Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Age:\_\_\_\_\_\_\_\_     Breed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
  
**NOTE:** Proof of vaccinations must be furnished and kept current (DHLPC, RABIES & BORDATELLA).   
  
 With whom did you complete your training so far? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
What classes did you take? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Are you experiencing any problems in training? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
  
What goals have you set for you and your dog? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
  
How did you learn about us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WAIVER, ASSUMPTION OF RISK AND AGREEMENT TO HOLD HARMLESS   
  
  
I understand that participation in Nosework is not without risk to myself, any family members or guests who might attend, and to my dog. Knowing this, I hereby waive and release Joan Jung, her Agents and Shiloh Road Kennels, from any nature, for injury or damage suffered as a result of my participation in any class or private lesson**,** including any damage or injury resulting from the action of any person or dog, or for any accident occurring on the premises or its surroundings.  I agree to accept full responsibility for my actions, those of my family or guests and of my dog.   
  
**Please sign**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
  
   
Mail the completed form and a copy of your dog's vaccination record to:   
  
SHILOH ROAD OBEDIENCE TRAINING CENTER  
3880 SHILOH ROAD   
MIDLOTHIAN, TX 76065  
Shiloh@aircanopy.net   972-723-3880