



TULSA SCHUTZHUND CLUB, INC.

WAIVER, ASSUMPTION OF RISK, AND AGREEMENT TO HOLD HARMLESS

I, understand that attendance and/or participation at a dog training program may involve some risk to myself, members of my family or guests who may attend, or my dog. This is because some of the dogs to which I will be exposed, as well as my own dog, may be difficult to control and may be the cause of injury even when handled with the greatest amount of care.

In consideration for my presence at Tulsa Schutzhund Club, Inc.'s (hereafter referred to as "TSC") training activities and/or in consideration of and as inducement to the acceptance of my application for training, I hereby waive and release the TSC, its employees, officers, members, and agents from any and all liability of any nature, for injury or damage which I or my dog may suffer, including specifically, without limitation, any injury or damage resulting from action of any dog(s), and I expressly assume risk of such damage or injury while attending any training session, or any other function, of the TSC, or while on the training grounds or the surrounding area thereto.

I also agree to indemnify and to hold harmless, TSC, its employees, officers, members, and agents from any and all claims, or claims by any member of my family or any person accompanying me to any training session or function of the TSC, or while on the grounds or the surrounding area thereto as a result of any action by any dog, including my own. I shall personally assume all responsibilities and liabilities for any loss or injury which may be alleged to have been caused directly or indirectly to any person or thing by the act of my dog while participating in a TSC dog training program, function, or while on the training grounds or surrounding area thereto.

"My dog" in the above statements means any dog in my custody upon approaching the training grounds or adjacent areas.

I agree that any dog brought to the training sessions or other functions of the Tulsa Schutzhund Club, Inc. will have any and all immunization shots required by local enforcement authorities.

_____ Signature	_____ Date	
_____ Name (Print)	_____ Birth Date	
_____ Phone	_____ Email	
_____ Address		
_____ City	_____ State	_____ Zip