

Name: _____

Address: _____

Phone: _____ Home/Work _____ Cell: _____

Email: _____

Dog's Name: _____ Breed: _____

Dog's Date of Birth: _____

Please circle the dates:

June 23

July 14

August 11

Make check payable to: Taconic Hills Kennel Club, Inc. (THKC) \$10 in advanced/ \$15 Day of

Amount enclosed: _____

Mail to: Patti Murphy 16 Apple Bee Farm Lane, Croton On Hudson, NY 10520

Questions: email: pmurphycpa@aol.com phone: 914-393-0445 cell

Please include a copy of your rabies certificate with your registration. – New attendees only,

TACONIC HILLS KENNEL CLUB - Class WAIVER

I/We, the undersigned, do hereby agree to hold TACONIC HILLS KENNEL CLUB, its affiliates, members, instructors and representatives, save HARMLESS from any injury or injuries resulting from participation in obedience/handling/other classes or sponsored events. We further agree to waive any and all liabilities for TACONIC HILLS KENNEL CLUB, its, affiliates, members, instructors and representatives, for any injury, injuries, or illness, canine or human, resulting from participation in these activities.

I/We further agree to insure our dog(s) are up to date on their health vaccinations, are in good health, and are not, to our knowledge, aggressive with either canines or humans. I/We understand and accept that TACONIC HILLS KENNEL CLUB reserves the right to refuse our participation in the outlined activities if we are found in violation of this agreement. Further, we accept and understand that the instructors of said classes may request our resignation from a class if they deem it inappropriate or potentially unsafe for other participants, human or canine. In that event, a monetary reimbursement for remaining classes will be issued.

Owner/Handler

Date: _____