

**SICDTC SHOW HANDLING REGISTRATION FORM**

(Please complete one form for each dog)

Class Day: \_\_\_\_\_ Time \_\_\_\_\_

Handler Information:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Regularly checked email \_\_\_\_\_

Handler's Show Handling Experience: \_\_\_\_\_

Will you be showing this dog yourself Y / N    Using a Handler Y / N

Dog Information:

Dog's call name \_\_\_\_\_ Gender \_\_\_\_\_

Dog's breed \_\_\_\_\_ Dog's age \_\_\_\_\_

Has this dog ever bitten a person? Please circle one    Yes    No

Has this dog ever bitten another dog? Please circle one    Yes    No

If yes to either, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Class fee information: \$75 members / \$130 nonmembers

***Please mail your registration forms including the Liability Waiver, proof of current Rabies vaccination, and a check made payable to SICDTC, Inc. to:***

**SICDTC SHOW HANDLING REGISTRATION**

Nancy Milazzo  
157 Augusta Ave  
Staten Island, NY 10312

## LIABILITY WAIVER

I understand that attendance of a dog training class is not without risk to myself, members of my family, guests who may attend, or my dog because some of the dogs that we will be exposed to may be difficult to control, and, as a result, may be the cause of injury and/or damage, even when handled with the greatest amount of care.

Therefore, in consideration of the acceptance of my application for training class or ring time, I hereby waive, release, and hold harmless the Staten Island Companion Dog Training Club, Inc., its employees, members, trainers, assistants, volunteers, and/or agents, (hereinafter referred to as the "training club"), and the owner(s) of the premises located at 75 Ellis Street, Staten Island, New York 10307, from any and all liability for injury and/or damage which I, my family, my guests, or my dog may suffer, including, but not limited to, any injury or damage resulting from the action of any dog(s) in the training session or on the training grounds.

In addition, I expressly assume the risk of such injury or damage while attending any training session, any other function of the training club, and/or while on the training grounds or surrounding areas thereto.

Lastly, I hereby agree to indemnify, compensate, and hold harmless the training club and the owner(s) of the premises located at 75 Ellis Street, Staten Island, New York 10307, from any and all claims asserted against the aforementioned, made by any person(s) accompanying me, or, any other person(s) attending any training session and/or other function of the training club, or while on the training grounds or surrounding areas thereto, as a result of any action by any dog(s), including my own, that causes injury and/or damage.

***To the best of my knowledge, all the information requested has been provided accurately and completely. The handler of this dog is responsible for controlling the dog at all times during class, both in the building and on the premises. A dog and handler may be removed from class at the instructor's discretion should the handler be unable to control the dog.***

### **There are no refunds or credits of Registration Fees.**

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Handler (if different)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner's Name (Please print)

\_\_\_\_\_  
Handler's Name (Please print)

\_\_\_\_\_  
Emergency contact name and phone number (Please print)

**Parental Consent Form for Minors Handling Dogs in Class**

(This form is a continuation of the Liability Waiver)

***Any Handler 18 or Under Must Submit this Form with the Application.***

**Note: the minimum training age is 10 years old and held to the discretion of the Instructors.**

I, \_\_\_\_\_, parent of \_\_\_\_\_  
(Parent's name printed) (Child's name printed)

who is \_\_\_\_\_ years old, do give consent for my child \_\_\_\_\_ to  
(Child's name printed)

**actively attend classes at Staten Island Companion Dog Training Club. If I cannot accompany my child to class, I further give consent for \_\_\_\_\_, \_\_\_\_\_ or  
(Adult's name) (Adult's name)**

\_\_\_\_\_, **to be in attendance and on the premises at all times with said minor**  
(Adult's name)

**child.**

\_\_\_\_\_  
Signature of Parent                      Date