



ORCKC APPLICATION FOR CLASSES

_____ Conformation Class

Class Start Date _____ Fee: \$50.00

Handler Information:

Name: _____

Address: _____

Phone: Day: _____ Evenings: _____

Email: _____

Your place in class is not secure until your class fees are received.

Make check out to ORCKC and mail to Rolland Kaemerer, ORCKC VP, 100 Military Lane, Sacramento, KY 42372

Dog Information:

Call Name: _____ Breed: _____

Age: _____ Sex: _____ Proof of vaccinations _____

Please include proof or a photocopy of proof of your dog's last vaccinations including the date.

In consideration of my use of the training programs of ORCKC, their agents and members and officers, I the undersigned waive, release and discharge any and all claims for damages for death, personal injury or property damage which I may have or which may subsequently accrue to me or my pet as result my participation in these programs, even though that liability may arise out of negligence or carelessness on the part of the persons mentioned above.

I further understand that accidents occasionally occur during these programs and that participants occasionally sustain personal and /or property damage in training programs, as a consequence thereof. Knowing these risks, nevertheless, I hereby agree to assume those risks and to release and hold harmless all of the persons through fault, negligence or carelessness might otherwise be liable to me for damage. I further understood and agreed that this waiver, release, agreement and assumption of risk is to be binding on my heirs and assigns.

I also give permission for free use of my name and picture in any broadcast, telecast or written account of these events.

Signature: _____ Date: _____

If the handler is a minor, a parent or legal guardian must sign.