DOG TRAINING BY PJ
ENROLLMENT AND PARTICIPANT AGREEMENT

1. **Your name:**

2. **Please include the names of others whom may/will attend workshop;**

3. **E-Mail Address is required to receive class materials:**

4. **Your address:** **City:** **Zip Code:**

5. **Office Phone:** **Home Phone:** **Cell Phone:**

6. **Outline your goals you would like to accomplish from workshop?**

7. **How did you hear about Dog Training by PJ? (Please check or circle all that apply)**
   - **Reno Gazette Journal**
   - **Discount Pet Supply**
   - **Scraps Dog Company @ Longley**
   - **Scraps Dog Company @ MaeAnne**
   - **Yellow Pages**
   - **Veterinarian (please specify)**
   - **Groomer (please specify)**
   - **Friend**
   - **Other (please specify/describe)**

PLEASE READ, ACKNOWLEDGE and SIGN: I understand and agree that Dog Training by PJ, including but not limited to, Pamela J. Wangsness, Dale Rands, or Frank Jones, and Scraps Dog Company, its owners and/or employees, shall not be held liable for any injury, illness or damage to any person, animal or property, which results from the training or behavior modification for my dog or myself. I further agree that Dog Training by PJ and Scraps Dog Company shall not be held liable for any costs or expenses incurred in connection with any claim occurring while I participated in the training on/off the premises**.**

REQUIRED PLEASE:
OWNERS SIGNATURE(S):
DATE SIGNED:

NOTE: Should you transmit the document electronically to the Instructor/Trainer or Dog Training by PJ, you represent you have read and understand the agreement. You further acknowledge the transmission of the document acknowledges you agree and understand all terms, conditions and information provided therein.

(Revised: 1/2013)

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