

Dog Obedience/Independent Study

Learn the most modern methods of motivated training. Dogs are taught to sit, stay, heel, and come when they are called.

NO DOGS the first class, there will be a viewing of an instructional tape.

Date October 29—November 16, 2018

No class November 5th

Day & Time Tuesdays, 6:30-7:30 pm

Fee \$60.00 price includes training collar

(make checks payable to the City of Jefferson)

Ages 14 yrs & older

Location GCCC

Instructor Linn Price (LVT)

Limit 12 participants



Independent Study

For the graduate of the beginner class. Take time to work with your dog around other dogs during the Dog Obedience Class. Fee per class is \$3.00.

Owner's Name _____ Dog's Name _____

Address _____ City _____ Zip _____ Email _____

Home Phone # _____ Work Phone # _____ Cell # _____

357550 A —Dog Obedience

\$60.00

357550 B—In. Study

\$3/Class

357550 C—Tricks & Treats

\$30

Waiver & Medical Authorization

In consideration of being permitted to participate in a Jefferson Park and Recreation Department activity or program I, the undersigned participant (or, if under age 18, the participant's parent or legal guardian on his or her behalf): (i) recognize and acknowledge that such activity may involve risk of bodily injury or property damage, (ii) assume full responsibility for and risk of any bodily injury, damage or loss which may occur as a result of participating in such activity, (iii) release, waive, discharge and covenant not to sue the Jefferson Park and Recreation Department and the City of Jefferson and their administrators, officers, employees, members of governing and advisory bodies, representatives, agents, coaches, officials and volunteers (the "releasees") from all liability to the undersigned for any and all damage or loss, and any claim or demand therefor, on account of injury to my person or property, whether due to negligence of the releasees or otherwise, as a result of participating in any such activity or program, (iv) agree to indemnify and hold harmless the releasees identified above from any and all loss, liability, damage or cost that they may incur as a result of my participation in any such activity or program, (v) in the event of any injury or illness while participating in such activity or program authorize any emergency first aid, medication, medical treatment or surgery deemed necessary by licensed medical personnel, and (vi) consent to my picture being used for publicity or promotional purposes. I HAVE READ AND FULLY UNDERSTAND THIS WAIVER AND MEDICAL AUTHORIZATION AND VOLUNTARILY SIGN IT.

Participant (human) or Parent or Guardian Signature (if under 18): _____

Date: _____

Does the participant have any condition that would prevent full participation in the above activity?

____yes ____no ie. asthma, diabetes, seizures, allergies (bee stings), etc.