

**WagWag Enterprises**  
**P.O. Box 2379**  
**Englewood, Co 80150**  
**303-619-8013**

Release Form

Dog's  
Name \_\_\_\_\_ Breed \_\_\_\_\_ Age: \_\_\_\_\_

Owner's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (day) \_\_\_\_\_ (Evening) \_\_\_\_\_

E-Mail \_\_\_\_\_

How did you hear about this training program? \_\_\_\_\_

\_\_\_\_\_

All dogs participating in this class must be current on all vaccinations. Bordetella vaccination is required. (WagWag Enterprises is not responsible for illness.) Proof of vaccinations must be submitted before the dog enters the class.

I am the owner of said dog (named above) involved in a training program with WagWag Enterprises. I understand fully that WagWag Enterprises and Lisa L. Sickles, CPDT accepts no liability and I will hold WagWag Enterprises and Lisa L. Sickles, CPDT harmless in any way regarding training, injury, or damage to any person(s) or animal(s), or to any property, however caused, which may result from training or behavior of said dog, or from any negligence on the part of said owner (named above), and against all costs, counsel fees, expenses and/or liabilities in connection with any such claim, action, or proceeding.

I have read and understood this fully and agree to abide by its terms.

Owner's Signature: \_\_\_\_\_

Date: \_\_\_\_\_