



Flying Paws
Agility Club (FPAC)
 6695 N. Bottom Road
 Bloomington, IN 47404
 Web Site: www.FlyingPawsAgility.com

This form must be completed by all new students AND continuing students each session.

Flying Paws Agility Training Application

For registration, fees, and class availability, email FPAgility@gmail.com
For general information, please refer to the Flying Paws Agility website (flyingpawsagility.com)

Class:	Foundations Intro To Obstacles Obstacles 2 Handling Intro To Courses Event			
Owner's Name:			<input type="checkbox"/> Member	<input type="checkbox"/> Non-member
Street:			City:	
State:	Zip:	Cell Phone:	Is Text Okay?	
E-mail:		Home Phone:		
Dog's Name:		Dog's Breed:		
Dog's Age:	Dog's Gender:	Neutered/Spayed:		
Emergency Contact:			Phone:	
Vet:				
How did you hear about us?	Our Website	Our Facebook page	Friend/Family	Event _____ Other _____

Liability Release: I (we) agree to hold the club, Flying Paws Agility Club, their members, directors, governors, officers, agents, superintendents or event secretary and the owner and/or lessor of the property and any provider of services that are necessary to hold this event and any employees or volunteers of the aforementioned parties, harmless from any claim for loss or injury which may be alleged to have been caused directly or indirectly to any person or thing by the act of this dog while in or about the event premises or grounds or near any entrance thereto, and I (we) personally assume all responsibility and liability for any such claim; and I (we) further agree to hold the aforementioned parties harmless from any claim for loss, injury or damage to this dog.

Additionally, I (we) hereby assume the sole responsibility for and agree to indemnify, defend and save the aforementioned parties harmless from any and all loss and expense (including legal fees) by reason of the liability imposed by law upon any of the aforementioned parties for damage because of bodily injuries, including death at any time resulting therefrom, sustained by any person(s), including myself (ourselves), or on account of damage to property, arising out of or in consequence of my (our) participation in this event, however such, injuries, death or property damage may be caused, and whether or not the same may have been caused or may be alleged to have been caused by the negligence of the aforementioned parties or any of their employees, agents, or any other persons.

Vaccinations. I certify that any, and all dogs I bring to the FPAC facility are vaccinated against rabies as required by law in the county which I reside and protected against distemper and parvo as recommended by my veterinarian.

Signature required: _____

Rules: I agree to abide by the Building and Ground Rules available and posted at the FPAC Facility and understand that my failure to abide by these rules may result in my temporary or permanent dismissal, with or without refund, at the discretion of FPAC.

Refund Policy: If a student cancels before the first class in a session, the session fee is refunded except for a \$30 non-refundable portion. Once the session starts, there is no refund. Payment is for an entire session; any missed classes that session will not be refunded and may not be made up. Exception: if class is cancelled by instructor. If a bitch comes into season during a class session, the cost of the sessions missed may be applied to the following session.

Signature required <i>(Parent or Guardian must sign for minors)</i>	Date	Amount	Payment Method
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For more information: FPAgility@gmail.com

FPAC is a working club with all positions filled by volunteer club members. Instructors compete in various venues at all levels.



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Flying Paws Agility COVID-19 Waiver

Waiver of Liability and Informed Consent

COVID-19 Waiver

Flying Paws Agility Club, Inc., its instructors, board members, and property owner, Victoria Richardson, will be referred to as FPAC, in the waiver below.

In the waiver below, "facility use" is a class, event, or any use of the FPAC facility. I attest that to the best of my knowledge, I do not have COVID-19 at the time of facility use.

I understand the risks of unknowing exposure to this and other illnesses by, or to myself, my family, other participants, and third parties. I have not been tested and found positive; am not waiting for test results; and do not have symptoms. I agree that I will not knowingly expose others to any illness I may have or will be at risk to have. I will follow all Flying Paws Agility Club facility rules and requirements to reduce any exposure and possibility of contracting or spreading the virus. I will also fully cooperate with and follow any city, county or state guidelines that have jurisdiction at the Flying Paws Agility Club facility.

If, while attending a class/event, any of the above should change, I will inform my instructor, or representative of Flying Paws Agility Club (fpagility@gmail.com) and proceed in light of the new information.

I agree the facility use is entirely at my own risk and assume all risks and am fully responsible for my own health, wellbeing, and safety during the facility use. I fully agree that FPAC, is in no way liable for any present or future COVID-19 exposure incurred at any time by any person, in attendance or not in attendance, during or after the facility use. I hereby waive and release FPAC from any, and all liability for damages or personal injury to me, my dogs or my property.

Further, I hereby indemnify and hold harmless FPAC from any, and all claims, by or liability to, any third party arising out of my participation in the facility use. Any liability to anyone for any incident involving myself, the location, or those pets or actions of other participants and spectators will be my sole responsibility and I assume all financial liability and will also assume all and any financial costs associated with my actions.

If completing the form electronically, typing your name, and date, indicates agreement to the waiver above, and it is the same as a hand-written signature.

Printed Name *(Parent or Guardian for minors)*

Signature required *(Parent or Guardian must sign for minors)*

Date