

## ULTIMATE RECALL WITH JOHN ROGERSON

NAME		
ADDRESS		
PHONE		
CC number		security code
Expiration date		billing zip
WITH DOG (working position)	Y	N \$425.00
AUDIT (without dog)	Y	N \$375.00

The 21 working positions will be filled on a first received/first paid basis. A waiting list will be created and you will be notified, if needed. All shots must be up-to-date. Your registration must be accompanied with the release and waiver, no exceptions. There are some spots for FULLY self-contained RV/trailer, please let me know if you will want one, again this will be a first come/first served basis. If you will need hotel information, please let me know with your registration, many hotels are not dog friendly and we are trying to make arrangements for those traveling with their dogs. Breakfast type foods and lunch provided, however if you have special needs please plan to bring your own.

Dates: November 14, 15, and 16 9:00am - 5:00pm. Place: 561-I Brunken Ave. Salinas, CA 93901 Mailing P. O. Box 3734 Salinas, CA 93912 Phone: 831.783.0818 Questions: k9tootr@fromtheheart.info

## RELEASE AND WAIVER OF LIABILITY AND ASSUMPTION OF RISK

From the Heart Dog Training is a training and daycare facility, as such I, \_\_\_\_\_\_\_, understand I am taking certain risks of damage or injury to myself or my dog(s) by participating in a training seminar or daycare environment. I will hold harmless From the Heart Dog Training facility, its staff, guest lecturers, their staff or other participant for any damage or injury to person or property, including death or serious injury which may occur as a result while I and my dog(s) on the premises of From the Heart Dog Training Center.

I am eighteen (18) years old or older and have the legal capacity to enter into a binding contract.

I have read, understand and agree to abide by the terms and conditions set forth in the above release in its entirety. I also understand that the management of From the Heart Dog Training reserves the right to alter or amend the rules at any time without prior notice. I understand, if my dog(s) is/are not appropriate in the setting I may be asked to remove them or confine them.

Signature

Printed name

Date

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