## *CAROLINA KENNEL CLUB, INC.*

## *GREENSBORO, NC*

### *Release Waiver and Rules for Conformation Class*

## <u>RULES</u>

Dogs must be at least 3 months old and up-to-date on all vaccinations to participate in Conformation Class.  At 3 months of age all puppies must have had two DDP boosters and a rabies booster.  Vaccine records must be available upon request.

Dogs must be on lead and under close control while inside the building.  Dogs **MUST NOT** be allowed to lunge or try to attack other dogs.  If you bring more than one dog, you must have an additional handler to hold the dog or crate the dog not being trained.  The handling class instructor has the right to excuse any dog that is not under control, is menacing, or will not allow the instructor to examine the dog.

Do not block the entrance to the gym as there is plenty of room inside for crates.  When exercising your dog, use the wooded area to the left of the building and clean up after your dog.

Please use bait with care.  If you drop bait on the floor, you must pick it up.  Soft bait such as cheese will make a mess on the mats and new floor.  Needless to say if your dog has an accident supplies and paper towels in the restrooms or orange bucket.

Grooming is not allowed in the building.

## <u>WAIVER</u>

I have read the above rules for the classes and agree to follow them.  Furthermore, by signing this waiver, I verify that my dogs(s) has/have been vaccinated for or have current protective titer for rabies, distemper, parvo and parainfluenza.  I hereby waive and release the Carolina Kennel Club, Inc. and all members from any and all liability of any nature, for injury or damage which my dog(s) may suffer including specifically, but not limited to contracting rabies, parainfluenza, parvo, distemper or Bordetella.  I expressly assume the risk of any injury to my dog or myself while participating in the handling classes held by the Carolina Kennel Club and personal liability for any damage or injury my dog may inflict on another dog or person.

**OWNER'S NAME** _____

**ADDRESS:** _____

_____

**PHONE/E-MAIL**_____

**SIGNATURE**_____ **DATE**_____