

# CLASS REGISTRATION FORM

Return to:  
Red River North Dog Obedience Club, Inc.  
Attention: Training Director  
2202-A 3rd Ave N  
Box 863  
Fargo, ND 58107-0863

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Breed of Dog: \_\_\_\_\_ Name: \_\_\_\_\_  
Age of Dog: \_\_\_\_\_ Sex: \_\_\_\_\_ Age of Handler if under 18: \_\_\_\_\_

Class Name and Day: \_\_\_\_\_  
Class Fee: \_\_\_\_\_ Check#: \_\_\_\_\_

Make checks payable to: **Red River North Dog Obedience Club, Inc.**

### Liability Waiver

In consideration of your acceptance of my entry into your training program, I do hereby, for myself, my heirs, executors, administrators and assignees; waive and release any and all rights and claims for damages which I may have against the Red River North Dog Obedience Club, Inc., its Board of Directors, Training Director, and Training Staff, as well as any others connected with this class or event, their heirs, executors, administrators, successors, and assignees for any and all injuries which I and/or any member of my family and/or friends, or my dog may suffer or cause while taking part in this class or event as a result thereof.

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

Where did you learn about RRNDOC?  
Breeder    Veterinarian    Friend    Newspaper    Phone Book    Other \_\_\_\_\_  
*Please circle one.*