

HUNTS POINT K-9 ACTIVITIES CENTER

PLEASE PRINT LEGIBLY

Name: _____ Dogs Name: _____
Address: _____ Breed: _____
City: _____ State: _____ Zip: _____ Age of Dog: _____
Email Address: _____ Cell Phone: _____
Home Phone: _____ Work Phone: _____
Class Description: _____ Class Date: _____

Please bring to class a 6' leash, buckle or pinch collar and treats.

For more information contact Peggy at 218-568-8445 or
www.huntspointclub.com for class description

Return Form and Check to:

Hunts Point
2142 76th St. S.W.
Pequot Lakes, MN 56472

Check Enclosed: _____
(amount in full)

I (we) agree to hold Hunts Point Sportsman's Club Inc, including it's members, officers and directors, owners of the premises upon which classes are held, harmless from any claim for the 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 around the premises or grounds or near any entrance thereto, and if 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 from loss of this dog by disappearance, theft, death or otherwise, and from any claim for damage or injury to the dog, whether such loss, disappearance, theft, damage or injury, be caused or be alleged to be caused, by the negligence of the parties aforementioned, or by the negligence of any other person, and any other causes. I (we) hereby assume the sole responsibility for and agree to indemnify and save the aforementioned parties harmless from any and all loss and expenses (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 there from, sustained by any person or persons, including myself (ourselves) or on account of damage to property, arising out of or I consequence of my (our) participation in this event, howsoever such injuries, death or damage to property may be caused, and whether or not the same may have been caused or may have alleged to been caused by negligence of the aforementioned parties or any of their employees or agents, or any other persons.

Signed: _____ Date: _____
(Parent or Guardian if under 18)

There will be no refunds for unattended classes.