

**Get Over It Agility  
Training Application**

**CHECK CLASS LEVEL:**

TUESDAYS

NOVICE AGILITY-6:00-7:00

OP/EX AGILITY-7:15-8:15

WEDNESDAYS

FOUNDATION HANDLING-6:00-7:00

PUPPY AGILITY-7:15-8:15

THURSDAYS

STARTED AGILITY-6:00-7:00

FOUNDATION OBSTACLES-7:15-8:15

**HANDLER INFORMATION:**

Name: \_\_\_\_\_

Age (if under 18): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work/Cell Phone: \_\_\_\_\_

Email (print clearly): \_\_\_\_\_

**DOG INFORMATION:**

Call Name: \_\_\_\_\_

Breed: \_\_\_\_\_

Age: \_\_\_\_\_

Sex: \_\_\_\_\_

Obedience Training: Yes: \_\_\_\_\_ No: \_\_\_\_\_ Level: \_\_\_\_\_

Agility Training: Yes: \_\_\_\_\_ No: \_\_\_\_\_ Level: \_\_\_\_\_

**TUITION**

**Classes are \$115.00. Please make check payable: Get Over It Agility and mail with this form to:  
Kathleen Holland, 330 N Sunset St, Fort Collins, CO 80521**

**TRAINING AGREEMENT**

I hereby agree to abide by the training rules and decisions of Get Over It agility (GOIA). I understand that I will not bring my dog to a training session or to any other GOIA function if it is ill, has any communicable disease or condition, if there is a communicable canine disease among other dogs in my household, if my dog is not up-to-date on inoculations, or if, in the opinion of the instructor, my dog shows signs of aggressive behavior. I have signed the agreement overleaf. I understand also that there are NO refunds within one week of the beginning of class or after the start of class. The ONLY make-up classes are at the Instructor's discretion.

Signature of applicant \_\_\_\_\_

Date \_\_\_\_\_

Signature of parent/guardian if under 18 \_\_\_\_\_

**WAIVER AGREEMENT**

I (we) agree to hold Get Over I Agility, including its members, officers and directors, owners of premises upon which the practice sessions are held and their employees 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 upon the practice session premises or grounds or near any entrance thereto, and I (we) personally assume all the responsibility and liability for any such claim, and I (we) further agree to hold the aforementioned parties harmless from any claim for loss of this dog by disappearance, theft, damage or injury be caused or alleged to be caused by the negligence of the parties aforementioned, or by the negligence of any other person, or any other cause or causes. (we) hereby assume the sole responsibility for and agree to indemnify 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 from, sustained by any person or persons, including myself (ourselves) or on account of damage to property, arising out of or in consequence of my (our) participation in these practice sessions, howsoever such injuries, death or damage to property may be caused, and whether or not the same may have been caused or may have been alleged to have been caused by negligence or the aforementioned parties or any of their employees or agents, or any other persons.

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

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