



CLEVELAND ALL-BREED TRAINING CLUB, INC.

REV. 7/17

210 Hayes Drive Brooklyn Heights, OH 44131
216/398-1118

**Check must accompany application
mail to above address.**

CABTC will add \$25.00 collection
fee to the amount of any
returned check.

For Office Use	
_____	Check #
_____	Cash
_____	Date
_____	Class #

DATE	PLEASE CHECK ONE				CLASS FEE	EMAIL ADDRESS (please print clearly!)	
	<input type="checkbox"/> CABTC Member	<input type="checkbox"/> Assoc. Member	<input type="checkbox"/> Non-Member	<input type="checkbox"/> Key-Member			
NAME						PHONE	
ADDRESS					CITY	ZIP	
IN CLASS, DOG WILL BE HANDLED BY					YOUR OCCUPATION / PROFESSION (OPTIONAL)		
DOG'S BREED				DOG'S NAME		DOG'S BIRTHDATE	
VET'S NAME / CLINIC						DOG'S AGE <input type="checkbox"/> Male <input type="checkbox"/> Female	
VACCINATION DATES:	DHLP	PARVO	RABIES (Mandatory if over 6 mos.)		BORDETELLA (encouraged but not mandatory)		
Proof of inoculations is required at first class - please be sure to bring it with you.							
CLASS ENTERED		DAY OF WEEK		TIME	START DATE		
HAS DOG BEEN PREVIOUSLY TRAINED?		IF YES, WHERE?		WHICH CLASS(ES)?			
WHERE DID YOU HEAR ABOUT US?	<input type="checkbox"/> Internet search <input type="checkbox"/> My Vet <input type="checkbox"/> SunPaq <input type="checkbox"/> My Dog's Breeder <input type="checkbox"/> Plain Dealer <input type="checkbox"/> Flyer / Card <input type="checkbox"/> Trained at CABTC before <input type="checkbox"/> Pet Shc <input type="checkbox"/> Friend <input type="checkbox"/> Dog Show <input type="checkbox"/> Other (where?):						
RECOMMENDED BY: (Please give name)					HAS YOUR DOG EVER SHOWN AGGRESSION TOWARD <input type="checkbox"/> PEOPLE <input type="checkbox"/> DOGS <input type="checkbox"/> NEITHER		

RELEASE (PLEASE READ BEFORE SIGNING)

In consideration of my affiliation with or use and enjoyment of the facilities of Cleveland All-Breed Training Club Inc. (hereinafter "CABTC"), or attendance, participation, or auditing of any class, seminar, meeting, show or exhibition sponsored by CABTC or any such class, seminar, meeting, show or exhibition held at CABTC facilities, I hereby agree to hold CABTC, its members, directors, governors, officers, agents, superintendents, committees, employees and/or volunteers, and any and all persons connected with or associated with CABTC, in whatever capacity, harmless from 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 any dog while in or upon the premises or grounds or near any point of access thereto; I personally assume all responsibility and liability for 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 a dog owned or handled by me while in or upon the premises or grounds or near any point of access thereto; and I further agree to hold the aforementioned parties harmless from any claim for loss of any dog owned or handled by me by disappearance, theft, death or otherwise, and from any claim for damage or injury to such dog, whether such loss, disappearance, theft, damage, or injury be caused or alleged to be caused by the negligence of CABTC or any of the aforementioned parties, or by the negligence of any other person, or any other cause or causes.

I 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, sustained by any person or persons, including myself, or on account of damage to property, or injury or death to any dog owned by me or handled by me, arising out of or in consequence of any of the afore-mentioned activities sponsored by CABTC or held at CABTC facilities, howsoever such injuries, death, damage to property, of injury or death to any dog may be caused, and whether or not the same may have been caused or may be alleged to have been caused by negligence of the aforementioned parties or any other persons.

I agree that any dog may be barred from training if, in the opinion of the Training Director of the Club, such dog is physically incapacitated or otherwise unsuited for such activities. I agree that any dog may be barred from entering upon CABTC premises if, in the opinion of the Training Director of the Club, the dog exhibits vicious behavior toward any person, including the dog's owner, handler or trainer, or any other animal.

I hereby authorize any approved CABTC member, videographer and/or photographer to use, reproduce, and/or publish photographs and/or video that may pertain to me, including my image, likeness and/or voice without compensation. I understand that this material may be used in various publications, recruitment materials, the CABTC website, Facebook page, and/or for other related CABTC endeavors. This authorization is continuous and may only be withdrawn by my specific rescission of this authorization.

REFUND POLICY: IF I WITHDRAW LESS THAN 48 HOURS BEFORE THE START OF THE FIRST CLASS, I WILL RECEIVE NO REFUND.

OWNER / STUDENT SIGNATURE

PARENT/GUARDIAN SIGNATURE (If Owner/Student is a minor)

*** By Signing you agree to the refund policy stated above ***

FOR OFFICE USE ONLY - PLEASE DO NOT WRITE BELOW THIS LINE

APPLICATION ACCEPTED BY	DATE	<input type="checkbox"/> entered Initials: _____
		<input type="checkbox"/> emailed Initials: _____ Date: _____