



# LEEWARD TRAINING CLUB OF HAWAII, INC.

Location: \_\_\_\_\_ Class: \_\_\_\_\_

DOG OWNER \_\_\_\_\_  
Last Name First Name

ADDRESS: \_\_\_\_\_  
Street City State Zip

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

HANDLER NAME: \_\_\_\_\_ HANDLER AGE: \_\_\_\_\_

HANDLER'S EMERGENCY CONTACT: \_\_\_\_\_  
Name Phone

DOG'S NAME: \_\_\_\_\_ DOG'S AGE: \_\_\_\_\_ BREED: \_\_\_\_\_ SEX (Circle)  
M F

TREATING VETERINARIAN CLINIC: \_\_\_\_\_  
Clinic Name Clinic Phone

I, the above identified DOG OWNER, certify the above identified DOG, is healthy, vaccinated & free of internal & external parasites. I also verify my dog is currently under the care of the above licensed Veterinary Clinic. Additionally, I verify my dog's vaccinations AND/OR titers are current as of the date of this form & I agree to keep my dog healthy & my dog's vaccinations AND/OR titers current as recommended by my veterinarian during the course of the training session. Finally, I understand that I am bringing my dog to a public environment & that he/she could be exposed to health risks including but not limited to sick dogs, unvaccinated dogs & an exposure to any diseases that can live in the public environment.

I agree to uphold the Constitution & By-laws of the Leeward Training Club of Hawaii, Inc. (LTCH) & to abide by the rules & regulations of the American Kennel Club to the best of my ability. I further agree to release & hold the LTCH, its officers, directors, instructors, agents, employees, and/or representatives harmless from any injury, expense, costs, or damages to myself, my dog, or any handler sponsored by me. In addition, I agree that I will defend & indemnify the LTCH for any injury, expense, costs, or other damages to any dog handlers, whether sponsored by me or not, or third parties arising out of my own actions or the actions of my dog. LTCH reserves the right to terminate your registration without a refund if deemed necessary for the safety of the instructors & class participants. I have read & understood the above stated provisions & agree to accept those responsibilities.

During the course of training, graduation, trials, & special events, the LTCH or its representative(s) may take photographs, videos, and/or audio recordings of the events and/or their participants both human & animal. These photographs, videos, and/or audio recordings (further known as media) are used by LTCH in promotion of the Club & furtherance of LTCH's educational purposes. I, the undersigned party, authorize LTCH, its representatives, instructors, volunteers, and/or employees to take & use the media of myself, minors, dependents, and/or animals under my control for any lawful purpose. I waive any right to review or approve the media, the use of the media, and/or any subject in which the media is used in conjunction with LTCH's normal course of business including but not limited to advertising, trade, promotion, exhibition, publicity, or web content. I waive any right to royalties or other compensation arising from or related to the use of the media. I release & discharge & agree to hold harmless LTCH & their representatives from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking, processing, or publication of the media.

OWNER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**\* NO REFUND \* CHECKS PREFERRED \***

*(This portion to be completed by LTCH Registration Staff.)* **PLEASE BRING TWO (2) COPIES OF THIS FORM. MUST BE PROCESSED BY LTCH REGISTRATION STAFF TO BE VALID.**

ASSOCIATE  REGULAR MEMBER  REC'D BY: \_\_\_\_\_ DATE ACCEPTED \_\_\_\_\_

PAID CASH \$ \_\_\_\_\_ PAID BY CHECK \$ \_\_\_\_\_ CHECK #: \_\_\_\_\_