

BUCKS-MONT OWNER HANDLER'S ASSOCIATION
LIABILITY WAIVER

I ACKNOWLEDGE THAT MY DOG HAS RECEIVED ALL OF THE NECESSARY HEALTH VACCINATIONS, INCLUDING RABIES VACCINE. I FURTHER ACKNOWLEDGE THAT MY DOG'S IMMUNIZATIONS ARE KEPT CURRENT.

I UNDERSTAND THAT AS AN OWNER AND HANDLER OF THE DOG(S) I BRING TO CLASS, I AM SOLELY RESPONSIBLE FOR THEIR BEHAVIOR DURING CLASS, WHICH INCLUDES BUT IS NOT LIMITED TO ANY AGGRESSIVE BEHAVIORS.

I RECOGNIZE THAT THE BUCKS-MONT OHA HAS THE RIGHT AND DUTY TO REMOVE ANY DOG THAT DEMONSTRATES AGGRESSIVE BEHAVIOR TOWARD ANY DOG OR PERSON.

I WILL NOT HOLD ANY OFFICER OF THE BOARD OF DIRECTORS OF THE BUCKS-MONT OWNER HANDLER'S ASSOCIATION, OR REPRESENTATIVE OF THE CLUB OR THE FACILITY WHERE CLASSES ARE HELD, LIABLE FOR DAMAGES OR INJURIES IF SOMETHING HAPPENS TO MY DOG(S), MYSELF OR SOMEONE ATTENDING THE CLASS.

I ACKNOWLEDGE THAT THE BUCKS-MONT OHA IS A NON-PROFIT ORGANIZATION WHOSE INTENT IS TO SPONSOR A CONFORMATION HANDLING CLASS AS AN EDUCATIONAL COMPONENT OF ITS MISSION.

SIGNATURE: _____ **DATE:** _____

Please complete the following information for our records:

(Please print)

NAME: _____

ADDRESS: _____

PHONE: _____ **E-MAIL:** _____

BREED: _____ **YEARS HANDLING EXPERIENCE** _____

ARE YOU INTERESTED IN LEARNING MORE ABOUT THE BUCKS-MONT OWNER HANDLER'S ASSOCIATION? YES _____ NO _____