

**THE MID-OHIO CHAPTER OWNER HANDLER ASSOCIATION OF AMERICA
APPLICATION FOR TRAINING CLASSES AND RELEASE FORM**

APPLICATION DATE _____

Please complete the application and mail it with a copy of your dog's vaccination record. Also enclose a check made out to **Mid-Ohio Chapter, Inc. Owner Handler** to:

**Sandra Augustine, Director of Training
6300 Post Road
Dublin OH 43017**

For questions, please contact Sandra at 614-766-4136 or saugustine@columbus.rr.com.

Please write in class name: _____
(Please check class schedules for pricing, dates, and times.)

Owner Information:

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Best way to contact: _____ Phone _____ E-mail _____

Breed _____

Call Name _____

Age _____

Current Canine Vaccine History: RV _____ DHLPP _____ OTHER _____

Pre-registration is required as class size is limited and will be on a first-come, first-serve basis. **Payment must accompany this application form.** Again, please check class schedules for correct pricing based upon selected class. Refunds are not offered after the first night of classes.

I, the undersigned, hereby accept and assume responsibility for losses, damages or injuries, to me or my dog, while participating in any activities sponsored, organized, or supported by the Mid-Ohio Chapter, Inc. of the Owner Handler Association of America Inc. ("MOOHA"). I hereby for myself, heirs, executors, administrators, estate and assigns, hereby waive, release, indemnify, defend and hold harmless MOOHA, its instructors, and club members for any and all claims, demands, damages, costs, liabilities, judgments, and expenses (including attorney's fees) arising directly or indirectly out of my and my dog's participation in said programs. Said claims and damages, include, but are not limited to any illnesses, injuries, or death caused by my dog or me personally while attending or as a result of attending class. I further understand that these training classes do not guarantee the performance of my dog but are offered as guidance to enhance the owner-dog relationship and to support the human-canine team while they participate in various events.

_____ Date _____
(Signature)

To be completed by instructor upon receipt of application, vaccination records, and payment.

I hereby state that I have seen a copy of the vaccine history of the above dog.

Instructor _____

Date _____

Notice to Mid-Ohio Chapter members: You must be a member for 1 year and have attended two functions during the past year to qualify for the discounted rate.