

Method of Payment:

CASH ___ CHECK# _____ MASTER CARD ___ VISA ___

Credit Card # _____ Exp. Date _____

To process your card we also need the last 3 (or 4) numbers on the back of your card near your signature.
CVV code _____.

PLEASE DO NOT WRITE IN THIS SPACE

PROOF OF IMMUNIZATION: RABIES: date _____

PAYMENT RECEIVED: Cash _____ Check _____ Credit Card _____

AGREEMENT TO HOLD HARMLESS WAIVER AND ASSUMPTION OF RISK

I agree that attendance of dog training classes is not without risk to myself, members of my family or guests who may attend, or my dog, because of injury even when handled with the greatest of care.

I hereby waive and release April Frost, and Animal Visions assistants, members and agents from any and all liability of any nature for injury or damage resulting from the action of any dog, and I expressly assume the risk of such damage or injury while attending any training session, or any other function, of Animal Visions, while on the training grounds or the surrounding area thereto.

In consideration of and as inducement to the acceptance of my application for training membership by, Animal Visions I hereby agree to indemnify and hold harmless April Frost, Animal Visions, it's employees members, officers and agents from any and all claims, of claims by any member of my family or any other person accompanying me to any training session or function at Animal Visions, or while on the grounds or the surrounding area thereto as a result of any action by any dog including my own.

CANCELLATION AND REFUND POLICY: refunds will only be given if we receive notice of cancellation one week prior to the starting date of the class. We reserve the right to cancel any event two weeks prior to the scheduled date of the event if a minimum number of reservations have not been received. In this case, you will receive a full refund.

I have read completely the above agreement and fully agree to its terms.

Signature of Owner or Authorized Agent

Date

(In the case of a minor, a parent or legal guardian must sign.)

THE ABOVE WAIVER COVERS THIS AND ALL OTHER ONGOING CLASSES APPLICANT PARTICIPATES IN.

**ANIMAL VISIONS
April Frost
270 Maple Lane Walden, Vt. 05873
802-563-3381 email: afrost@fairpoint.net**