



1245 SE 3rd Street, Suite C-3, Bend, OR 97702

Phone 541-312-2114 Fax 541-318-1665

www.pawsitive-strides-rehab.com

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Introductory Canine Physical Well Being Workshop Registration Form

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____

Dog Name: _____ Age: _____ Sex: _____

Breed: _____

Rules:

- Dogs must be current and attach proof of vaccine history/titer with registration/payment
- Keep dogs on 6 foot or shorter lead – no flexi leads
- Dogs must be well socialized with other dogs and people
- One dog per person
- No children under 18 yrs of age
- **Please sign and submit required waiver and liability of release with payment**

Payment:

Send checks made *payable to Bend Veterinary Specialists* to the following address:

Bend Veterinary Specialists
Attn: Kristin Wolter, CVT, CCRA
1245 SE 3rd St, Suite C-3
Bend, OR 97701

If you wish to pay with a credit card (visa/mastercard), please stop by our office and pay at the front desk M-F 9-4pm.

For detailed information call 541-312-2114

Waiver and Release of Liability for Canine Physical Well Being Workshop

In consideration of being permitted to participate in the Canine Physical Well Being Workshop, November 12 and 13, 2011, sponsored by Bend Veterinary Specialists and it's affiliate Pawsitive Strides, I, intending to be legally bound for myself, my heirs, executors and administrators, do hereby **waive, release and forever discharge each sponsor** including any employee, representative, or agent, and from any of their successors, from any and all liabilities, claims, demands, proceedings, actions, or causes of action, liabilities, expenses, or damages of every kind and nature whatsoever whether known or unknown, including but not limited to reasonable attorneys' fees and costs arising from or in any way related to my attendance at or participation in the Workshop, whether the result of negligence or any other cause.

Further, **I hereby indemnify, defend and hold harmless** the entities and persons set forth in the foregoing paragraph from any and all liabilities or claims made by other individuals or entities arising from or in any way related to the Workshop.

I acknowledge that I assume full responsibility for my safety and the safety of my dog. I understand that there are inherent risks and dangers associated with participating in the Workshop, which may result in illness, personal injury, property damage, property theft, permanent disability or death of myself or of my dog. I am participating voluntarily with the complete understanding of the risks associated with participation in the Workshop. I further acknowledge that the Workshop requires participants to be in appropriate physical condition. By signing this Waiver and Release of Liability I declare that I am medically able, physically fit and capable of participating in the Workshop. I understand that any information I receive in conjunction with the Workshop is not medical advice, diagnosis or to be used as treatment for any ongoing medical or physical issue that my dog may be affected by now or at any time in the future.

I hereby assume all of the risks of participating in or attending the Workshop, whether known or unknown. I agree that Bend Veterinary Specialists and Pawsitive Strides do not assume any responsibility or liability whatsoever for any harm, injury, personal injury, illness, or damage caused by my dog.

This Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the fullest extent permitted under applicable law and that if any portion hereof is later found to be invalid or unenforceable, the balance of the Waiver and Release of Liability shall continue in full force and effect. **I hereby certify that I have read this Waiver and Release of Liability and the rules of the Workshop attached hereto and I understand the content and agree to abide by the rules.**

Signature: _____ Date: _____