



Redberry Operant Obedience Training

Positive Training for You & Your Dog

Sara Berry McLoudrey

1896 Park Ave W

Highland Park, IL 60035

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### Class Application

Class:		Start Date:		Time:	
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#### *Owner's Information*

Owner's Name(s):					
Address:					
Phone #:		Email:			

#### *Dog's Information*

Dog's Name:				Breed:		
Age:		Sex:		Is the dog spayed or neutered?		
Training Level: (List classes or titles achieved)						
Date of last Distemper/Parvo: (Titters are acceptable)				Date of last Rabies: (if over 6 months old)		

#### *General Information*

How did you hear about our classes? \_\_\_\_\_

What is the best way to reach you? (circle one) PHONE or EMAIL

Do either you or your dog have any disabilities that ROOT can accommodate to help make your dog training successful? (please note K-9 PlayTime is accessible)

\_\_\_\_\_

Has your dog ever been aggressive towards people? YES or NO (If yes please explain below)

\_\_\_\_\_

Has your dog ever been aggressive towards other dogs? YES or NO (if yes please explain below)

\_\_\_\_\_

**\*Please note that ROOT is aware of certain dog's reactive temperaments, this will not disallow you from class, so please answer honestly. This information will better help ROOT manage the group class environment for every person and dog's safety.\***

Please see Page 2 for Waiver and Signature Section.  
Your application will not be accepted without Page 2!

*“Waiver, Assumption of Risk, & Agreement to Hold Harmless”*

I understand that attendance at a dog training class is not without risk to myself, members of my family or any of my guests who may attend, or to my dog. Some of the dogs to which I (we) will be exposed to may be difficult to control and may be the cause of injury even when handled with the greatest of care. In consideration of, and as an inducement to, the acceptance of my registration for classes I agree to indemnify and hold harmless and hereby waive and release ROOT Dog Training, K-9 PlayTime, its employees, owners or agents from any and all liability of any nature for injury or damage which I, my family, guests, or dog may suffer. I expressly assume the risk of any such damage or injury while attending any training sessions or other dog related functions while at either K-9 PlayTime or ROOT's Highland Park location. I also understand that the degree to which a dog is successfully trained is a function of the interest, commitment and cooperation of the owner. I acknowledge and agree that there is no guarantee that my dog will achieve the desired level of training, despite the best efforts of the instructor.

- \* ROOT's classes are limited in size, therefore we reserves the right to select students best suited for each class. Completion of this application is not a guarantee of class acceptance.
- \* Payment must be received with this application in order to hold your spot in class.
- \* ROOT will confirm upon receipt of application and payment if you have been accepted into the class.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please have all members of your family who will be attending the class sign.

Make checks payable to: Sara Berry McLoudrey

Application and payment should be sent to:

Sara Berry McLoudrey, 1896 Park Ave W., Highland Park, IL 60035

**PLEASE NOTE:**

That ROOT is a positive reinforcement training organization and class environment.  
With all ROOT classes prong/pinch or choke collars are **not** permitted.

Thanks & Happy Training!

**ROOT**  
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