# **TRAINING and PARTICIPATION CONTRACT**

**Agreement of Release & Waiver of Liability**

Between **Black Ridge** and **The** **Participant** for any event or

dog training organized by Black Ridge and/or Sport Dog Training Center,

held at any location in Ontario, Canada.

**THE PARTICIPANT INFORMATION**:

Handler Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dog Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code : \_\_\_\_\_\_\_\_\_\_\_

Phone Incase of Cancellation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dog Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dog Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**By including my email I agree to accept newsletters from SDTC. If not, please initial here \_\_\_\_\_\_\_\_\_\_\_**

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| Email |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

My dog has Bit, lunged at, or Attacked a Dog or Person after 4 months of age: Yes No

My dog has never lunged, or barked at, chased, or bitten another dog: Yes No

*I, the Participant,* agree to the following Commitment: I am making a commitment to using only positive training methods, and that dog training is a process. My dog will learn as fast as I teach it. And that my frustration and lack of daily commitment can set back my dog’s progress. I will engage in any activity needed to reach my ultimate goal including, daily play, and a minimum of 2x 5 minutes training sessions a day.

*I understand* that it is important to have a unified family approach. Inconsistency will create confusion in a dog and can cause serious disconnects, which may cause aggression and nervous problems with my dogs. I also agree not to use any punitive or aversive correction methods after training has begun.

*I agree that I need to take responsibility for my dog’s level of success*. I have the power to teach my dog to behave as a well-mannered, controllable member of my family. I understand that dog training is not about demanding a specific response to stimuli, but building a relationship of trust and respect which earns my dog’s obedience.

I understand that there is no guarantee that training or behavior programs will change my dog’s behavior. I also understand that most dogs need more than 1 obedience program before I will see a dramatic change in my dog’s behavior. I also understand that if I don’t change the dog’s environment, lifestyle, and practice 2 – 10 times a day, there will be no change in my dog’s behavior.

I agree: **Missing a session without 24 hours notification may result in forfeit of the lesson without a refund. Arriving late shortens that lesson without refund of cost. Missing 2 sessions without notification constitutes cancellation of contract. You may reinstate the contract at a future date, at the convenience and availability of a suitable trainer.**

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| * Positive Transformation | * START Full Puppy Program $255 | * K9Klub 10x $99 |
| * PT - Practice | * START Great Beginnings | * Freestyle Dance/Rally Free |
| * Working Breed Puppy $295 | * START Smart Pup | * Scent |
| * Working Breed $295 | * CLASS $99 | * Jump and Contact Agility |

Cost: \_\_\_\_\_\_\_\_\_\_ Sessions/Duration: \_\_\_\_\_\_\_\_\_\_\_\_\_ Scheduled Time: \_\_\_\_­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_

Payments: Cash Check Etransfer (send etransfer before the first class to info@sportdogtrainingcenter.com)

Expectations and Limitations(if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing I consent to the terms and conditions in this Training Agreement and all Waivers:

\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE SIGNATURE OF THE PARTICIPANT

\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE SIGNATURE OF THE PARTICIPANT