

# InterNational Bloodhound Training Institute

## Registration Information for Dog Teams and Guests

|                    |       |                |                        |                 |
|--------------------|-------|----------------|------------------------|-----------------|
| Last Name:         |       | First Name:    |                        | Middle Initial: |
| Street Address:    |       |                | Contact Number: (    ) |                 |
| PO Box:            | City: | State:         | Zip Code               |                 |
| Organization Name: |       | Email Address: |                        |                 |

|                         |  |
|-------------------------|--|
| Guest Name and Address: |  |
| Guest Name and Address: |  |

|            |        |        |                                       |
|------------|--------|--------|---------------------------------------|
| Dog Name - | Color: | Breed: | <input type="checkbox"/> Trailing     |
| Dog Name - | Color: | Breed: | <input type="checkbox"/> Air Scenting |
| Dog Name - | Color: | Breed: | <input type="checkbox"/> HRD          |

*Please Note: All Dogs must be on lead at all times. If your dog has aggression issues to either other dogs or people you must tell your instructor immediately. .*

### IN CASE OF EMERGENCY

|                            |               |   |
|----------------------------|---------------|---|
| Name of Emergency Contact: | Relationship: | Contact Number(s)<br>(    )    (    ) |
|----------------------------|---------------|---|

Please check the box if your K-9 ever been or have a history of being aggressive towards either humans or other dogs?

Please initial here that your K-9 is not aggressive towards humans or other dogs \_\_\_\_\_

How did you hear about INBTI?

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Please list specific trailing problems that you have and would like to address.

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What do you hope to get out of this seminar?

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|  |



Location of Seminar:

Date of Seminar:

# InterNational Bloodhound Training Institute.

## Release and waiver of claims 2014

I, \_\_\_\_\_, and my heirs, in consideration of my participation in the InterNational Bloodhound Training Institute training seminar that runs from \_\_\_\_\_ through and including \_\_\_\_\_ hereby release InterNational Bloodhound Training Institute, it's officers, employees and members, and any other people officially connected with this event, from any and all liability for damage to or loss of personal property, sickness or injury from whatever source, legal entanglements, imprisonment, death, or loss of money, which might occur while participating in this event. Specifically, I release said persons from any liability or responsibility for my physical condition, for the condition or selection of course route and for the presence or actions of any other participants. I am aware of the risks of participation, which include, but are not limited to sprained muscles and ligaments, broken bones and fatigue, **dog bites**, etc. I hereby state that I am in sufficient physical condition to accept a rigorous level of physical activity. I understand that participation in this event is strictly voluntary and I freely chose to participate. I understand that neither InterNational Bloodhound Training Institute or any of the locations that I train at during this seminar will provide me with any medical coverage. I verify that I will be responsible for any medical costs I incur as a result of my participation.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

