2011 Feb 3-Day Agility Camps at KETCH

with Wendy Pape

Feb 1, 2, 3, 2011 **Course Work** **Strategy & Handling**	**Goal:** to help improve a teams performance by analyzing courses to choose the best handling strategies using each teams' strengths. **Prerequisite:** Team must be at Masters/Excellent B level.
Feb 7, 8, 9, 2011 **Contacts, Weaves & Handing**	**Goal:** to develop and/or improve teamwork, equipment skills and understanding of handling "The cause and effect" **Prerequisite:** Dog age 20 months & up. Titles not needed but can run an "open" level course in training.

Three Day Camp Details: Times 9am-4:30pm

Fees each Clinic: Working $450 Auditor: all three days $120 (prepaid) $50 (pre-paid) *day of fee $75

***Working spots** limited to 10 dogs each Clinic (dogs over 2yrs old) * **Auditors** limited

No frills: Will have a 1 hour lunch break. Food & drinks **will not** be provided. Bring: Chair

Hotel, RV & Directions: www.ketchdogtraining.com Contact: KETCHdogtraining@gmail.com

Registration: Mail to KETCH 7709 Gardner Rd, Tampa, FL. 33625 Checks payable to: KETCH

FEB 2011 KETCH Agility Clinics (Please print clearly & complete fully. One form per person /dog)

Name: _____ PH # _____

Address: _____City _____State _____Zip _____

Email _____Best way to contact you: E-mail or Phone

__Working Spot ($450 each) _____Feb 1, 2, 3 _____ Feb 7, 8, 9 Dog's Name _____ DOB Jump Height	Auditing ___ Feb 1, 2,3 (120) ___ Feb 7, 8, 9 (120) ___ 2 days ($100) dates _____ ___ 1 day ($50) date _____	$150 Deposit will hold your spot Balance due 11/1/10 **Amount Enclosed** **$**

Waiver, Assumption of Risk and Agreement to Hold Harmless

I hereby waive and release K-9 Educational Training Center of Hillsborough, Inc. (KETCH) and Canine Sports Corporation (CSC), their employees, officers, directors, and representatives as well as property owners from any and all liability of any nature, for injury or damage which I or my dog may suffer, including specifically, but not without limitation, any injury or damage resulting from the action of any dog or other person; and I expressly assume the risk of any such damage or injury while attending any function of KETCH or CSC or while on the training grounds or surrounding area thereto.

In consideration of and as inducement to the acceptance of my participation in any event, I hereby agree to indemnify and hold harmless KETCH and CSC, their employees, officers, directors, and representatives as well as property owners from any and all claims, or claims by any member of my family or any other person accompanying me to any event or function of KETCH or CSC, while on the grounds or the surrounding property thereto as a result of any action by any dog, including my own, or any person.

I understand that attendance at a dog function is not without risk to myself, members of my family or guests who may accompany me, or to my dog, because some of the dogs to which I (we) will be exposed may be difficult to control and may be the cause of injury even when handled with the greatest of care. In event my dog causes injury to myself, or any other person or dog, I will reimburse person or dogs owner immediately after receiving the bill.

Any dog that becomes aggressive or disruptive towards other dogs or people will be asked to leave the property. I guarantee the dog entered in this event is at least 20 months of age, fully vaccinated & free of parasites. All dogs enrolled in a working spot must be comfortable on equipment; This payment is for the dog and handler listed on the form. Any substitution of another dog or handler must be approved prior to clinic.. I understand that training fees are non-refundable. I have read and understand all of the above.

Signature _____ Date _____

Admin. Use only:	Deposit Amount $_____ Date_____ Ck # ___	Balance due by 11/1 $ _____	Balance Pd $_____ Date_____ Ck # _____	Note