



**Muncie
Obedience
Training
Club**

Name _____

Active MOTC Member () Yes () No

Dog's Name _____

Dog's Breed _____ Age _____

Address _____

City _____

State _____ Zip _____

Phone _____

Email Address _____

Please mail registration form, payment and family dog/puppy questionnaire to: MOTC 214 E. Centennial Avenue Muncie IN 47303

Class Fees: \$60 (\$36 for members) 4 week/4 classes
\$90 (\$54 for members) 6 weeks – family dog/puppy, performance fundamentals

\$120 (\$72 for member) 8 weeks – beg/novice obedience, open, masters, scent work

We offer a repeating class discount for some classes. Ask your instructor for details.

Class Start Date _____

Class: () Family Dog () Family Puppy

() Performance Fundamentals () Beg/Novice

() Open () Masters

() Scent Work – Intro () Scent Work – Adv

() Other _____

Acknowledgment and Disclaimer

Muncie Obedience training Club promotes the use of positive training methods while training your dog. Actual or perceived physical mistreatment is absolutely forbidden. Mistreatment consists of physical or verbal abuse including but not limited to hitting, kicking, throwing, slapping, strangling with hands, use of feet as corrections, inappropriate use of collar or leash, and screaming or cursing. By signing below, you acknowledge that you have read the Club Rules and agree to abide by them. Failure by members, students, or guests to follow the club rules will result in the loss of training privileges.

I also understand that there are risks attendant to dog training, dog sports and related activities and events, as well as to the use of MOTC's premises, and agree to 1) hold MOTC harmless for any injury to my person, property or charges, including dogs and children, that may occur on MOTC's premises and/or at MOTC activities, classes and events, including injury resulting from the action or inaction of third parties or persons not acting on behalf of MOTC and 2) to indemnify MOTC should I or my charge, including my dog or child, cause injury to any person or property while on MOTC's premises. I also agree to notify a MOTC board member (or if none is available, the MOTC member in charge of the class, activity or event) should I notice or become aware of a condition or circumstance on MOTC's premises or at an MOTC class, activity or event which I believe poses an unreasonable risk of injury.

Signature _____

Print name _____ Date _____