🐾 Adventure Paws Training LLC

Client Registration & Liability Waiver

Refined Behavior • Elevated Experience • Compassionate Instruction

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🐶 Class Selection

Program Title: _____
(Please indicate class name or write "Private Session" if applicable)

👤 Client Information

Name(s) of Participant(s):

Address:

City: _____ State: _____

Zip Code:_____

Mobile Number: _____
Email Address: _____

🐕 Dog Information

Dog's Name & Age:

🐾 Adventure Paws Training LLC

Breed / Mix:

Spayed/Neutered: ☐ Yes ☐ No

Previous Training Experience:

Dog's Behavior Toward People:

Dog's Behavior Toward Other Dogs:

Referred By (if applicable):

📅 Today's Date: _____

📞 Emergency Contact

Name: _____
Relationship to You: _____
Phone Number: _____
Alternate Number (optional): _____

🏥 Primary Veterinary Clinic Information

Clinic Name: _____
Veterinarian (if known): _____
Phone Number: _____
Address: _____

Created by Gabrielle LeSage 2025

🐾 Adventure Paws Training LLC

City: _____ State: _____ Zip Code: _____

📝 Acknowledgments & Waivers

1. Activity Consent & Physical Risk Acknowledgment

I understand that class activities may include—but are not limited to—standing, bending, brisk walking, and engaging with canine enrichment obstacles. I accept full responsibility for any injury or damage to myself, my property, my dog, or others resulting from participation. I release Adventure Paws Training LLC and its staff from liability.

Signature: _____ Signature (Co-Participant): _____

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2. Photo & Video Release Consent + Social Media Tagging

I authorize Adventure Paws Training LLC to photograph and/or record video of myself and my dog during training sessions, classes, or events. I understand these images may be used for promotional purposes, including but not limited to: social media, website, marketing materials, and educational content. I acknowledge that no compensation will be provided for the use of these images or recordings.

☐ Yes, I give permission for photos/videos to be taken and used as described above.
☐ No, I prefer not to have any media taken or used.

Optional: I'd love to be tagged if my pup is featured on Instagram!
📱 Instagram Handle: @_____

Signature: _____ Date: _____

Signature (Co-Participant): _____ Date: _____

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3. Dog Interaction Waiver

I consent to my dog engaging in supervised interactions with other dogs. I accept all responsibility for potential injury or incidents and release Adventure Paws Training LLC from all claims relating to my dog's or another's behavior.

Signature: _____ Signature (Co-Participant): _____

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4. Facility Policies & Confidentiality Agreement

I will abide by all rules and procedures outlined by Adventure Paws Training LLC. I will not share proprietary training methods or record others without written permission. I understand this program is for the enrichment and training of my dog only.

Signature: _____ Signature (Co-Participant): _____

🐾 Adventure Paws Training LLC

💳 Payment Information *(For Office Use Only)*

Payment Method(s):
☐ Cash ☐ Check (Check # _____)
☐ Zelle ☐ Venmo
☐ Credits Applied ☐ Split Payment (Details: _____)

Amount Paid: $_____

Vaccination Records on File: ☐ Yes ☐ No

Instructor Name & Signature: _____

Date Received: _____
