



DELRIQUES KENNELS

TRAINING / BOARDING & SECURITY SERVICES

The dogs best friend: Mr. Delano, Henriques / Dog Trainer & Behaviorist
Certified: S.A. Dog Training College & Kennels (South Africa)

Delano Henriques
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I (WE) AGREE TO HOLD THIS CLUB, ITS MEMBERS, COMMITTEE, INSTRUCTORS AND THE PROPRIETORS, OWNERS OF THIS PROPERTY AND ANY EMPLOYEES OF THE AFOREMENTIONED PARTIES, HARMLESS FROM ANY CLAIM FOR LOSS OR INJURY WHICH MAY BE ALLEGED TO HAVE BEEN CAUSED DIRECTLY OR INDIRECTLY TO ANY PERSON OR THING BY THE ACT OF THIS DOG, WHILE IN OR UPON THE THESE TRAINING PREMISES OR GROUNDS, OR NEAR THE ENTRANCE THERETO, AND I (WE) PERSONALLY ASSUME ALL RESPONSIBILITY AND LIABILITY FOR ANY SUCH CLAIM, AND I (WE) FURTHER AGREE TO HOLD THE AFOREMENTIONED PARTIES HARMLESS FROM ANY CLAIM FOR LOSS OF THIS DOG BY DISAPPEARANCE, THEFT, DEATH, OR OTHERWISE, AND FROM ANY CLAIM FOR DAMAGE OR INJURY TO THE DOG, WHETHER SUCH LOSS, DISAPPEARANCE, THEFT, DAMAGE OR INJURY, BE CAUSED OR ALLEGED TO BE CAUSED BY NEGLIGENCE OF THE ORGANISATION OR ANY OF THE AFOREMENTIONED PARTIES, OR BY NEGLIGENCE OF ANY OTHER PERSON OR ANY CAUSE OR CAUSES.

I (WE) HEREBY ASSUME THE SOLE RESPONSIBILITY FOR AND AGREE TO INDEMNIFY THE AFOREMENTIONED PARTIES FROM ANY AND ALL LOSS AND EXPENSE, INCLUDING LEGAL FEES, BY REASON OF LIABILITY IMPOSED BY LAW UPON ANY OF THE AFOREMENTIONED PARTIES OR DAMAGE BECAUSE OF BODILY INJURIES, INCLUDING DEATH AT ANY TIME RESULTING THEREFROM, SUSTAINED BY ANY PERSON OR PERSONS, INCLUDING MYSELF (OURSELVES), OR ON ACCOUNT OF DAMAGE TO PROPERTY, ARISING OUT OF OR IN CONSEQUENCE OF MY (OUR) PARTICIPATION IN THIS TRAINING PROGRAM, HOWSOEVER SUCH INJURIES, DEATH OR DAMAGE TO PROPERTY MAY BE CAUSED OR MAY BE ALLEGED TO HAVE BEEN CAUSED BY NEGLIGENCE OF THE AFOREMENTIONED PARTIES OR ANY OF THEIR EMPLOYEES OR AGENTS OR ANY OTHER PERSONS.

I (WE) HERBY AGREE TO HAVE READ AND UNDERSTOOD THE ABOVE MENTIONED AGREEMENT AND AGREE TO ABIDE BY THE RULES AND REGULATIONS OF THIS ORGANISATION AT ALL TIMES AND AFFIX OUR SIGNATURE TO THIS DOCUMENT.

TRAINING FORM

IF THE HANDLER IS A MINOR THE PARENTS OR THE GUARDIAN ARE TO SIGN THIS DOCUMENT.

HANDLERS NAME: _____

SIGNATURES: _____ Date _____ GUARDIAN: _____

ADDRESS: _____

POSTAL ADDRESS: _____ CODE: _____

OCCUPATION: _____ COMPANY: _____

TEL: NO. HOME: () _____ WORK() _____

CELL: _____ E-mail ADDRESS: _____

DOGS NAME: _____ BREED: _____ SEX: _____ AGE: _____

VETERINARIAN: _____ DR _____ TEL NO: _____

VET's ADDRESS: _____

VACCINATED: YES / NO _____ NEXT VAC. DUE: _____

PLEASE TURN OVER AND COMPLETE THE QUESTIONNAIRE ON THE REVERSE SIDE IN FULL: