

2024 K-9 TRAINING SEMINAR REGISTRATION

Mail this completed registration form, all current canine shot records, payment check, and waiver together to the address listed in the "Payment" section. **Full payment in the form of a check must be included with your registration form to reserve your spot at the seminar.**

Please print legibly. Illegible registration forms may be returned.

PARTICIPANT

Name: _____

Organization Represented: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Telephone Number: _(_____)_____

Email Address: _____

T-Shirt Size: _____

Eating Sunday Night Meal? Yes _____ No _____
(If yes, include \$20.00 with payment)

CANINE

Current shot records for every canine participating in the seminar must be mailed with this registration form.

Name: _____

Age: _____ Breed: _____ Discipline: _____

PAYMENT

Make checks payable to Canine SAR Support Group

Mail to:

K-9 Seminar, c/o Canine SAR Support Group

Attn: Kerry W. Foster

545 Overton Brooks Rd, Shreveport, La. 71106

2024 K-9 Training Seminar

March 10-15, 2024

RELEASE AND COVENANT NOT TO SUE

I, _____, the undersigned, request the right to participate in a seminar held at Scottsville Camp & Conference Center from March 10-15, 2024. Such an enrollment has been made of my own initiative, and I, specifically understand and acknowledge that I am aware that there are inherent dangers and risk in the training and evaluation of handlers and their canines, and I, fully understand that if I am to participate in the seminar, I accept the inherent dangers and risk to me and my canine(s).

Now, therefore, in consideration for permitting me to participate in such training and/or activities, I hereby waive and release the instructors, Scottsville Camp & Conference Center owners, individual members of the Shreveport Fire Department K9 Search and Rescue Task Force, Ark-La-Tex K9 Search and Rescue Strike Team, The City of Shreveport, and the K-9 Search and Rescue Support Group, and all owners for which training is conducted from all claims, rights, or causes of actions accruing in my favor as a result of personal injuries or loss or damage of property (including my canine's) caused during such training or activity in conjunction with this seminar dated March 10-15, 2024, including arrival and departure dates, and such waiver and release SHALL APPLY on behalf of myself and all who may hereafter claim through or for me.

Signature of participant: _____ Date: _____

PROPERTY DAMAGE AGREEMENT

My signature also indicates that I understand and agree that I am responsible for any and all damages caused by me and/or my canine(s), including but not limited to, property damage and/or injuries to individuals and/or their canine(s) during my activities associated with the seminar at Scottsville Camp & Conference Center scheduled for March 10-15, 2024. In addition to the aforementioned payment of damages, said individual(s) and their canine(s) in violation of this agreement may be expelled from the training or activities with no refund. Facility rules that participants further agrees to:

- * All canines shall be on leash or crated when not with the owner, except when they are being worked.
- * You must clean up after your dog.
- * Dogs are not allowed in the dining area.
- * You must bring a crate or pen for your dog, (or other suitable containment method, [Check with staff])
- * Parents assume full responsibility for any other person(s) attending the seminar.
- * Your seminar staff will not be responsible for any loss, injury, or death to any person or animal while in attendance at this seminar.

Signature of participant: _____ Date: _____