



## After School Training Registration Wednesdays or Thursdays at Assistance Dogs of the West

Students have the opportunity to enjoy in-depth, hands-on learning with ADW professional assistance dog trainers.

Curriculum includes: Training in classroom settings and in the field, leadership and assertiveness skills, basic dog obedience training, service-dog commands and skills, public access training, disability awareness education and community interaction.

Space is limited to 10 participants per class – NO EXCEPTIONS. We are happy to wait-list your child and notify you of any opening/cancellations. Classes will be filled on a first come, first served basis. Questions? Please call 505-986-9748 or email [info@assistedogsofthewest.org](mailto:info@assistedogsofthewest.org).

**Class cancellation policy:** If a class is canceled by ADW due to inclement weather or other reasons, make-up classes will take place on the class's regular day during the second week of May.

### Session(s)

Classes are held on Wednesdays or Thursdays from 3:45 PM - 5:15 PM, January 9/10 through May 1/2 at: Assistance Dogs of the West 1590 San Mateo Ln Santa Fe, NM 87505	
<b>Holidays/No Class:</b> March 20th or 21st (ADW's Spring Break)	
<b>Please select session(s) student will attend</b>	
<b>WEDNESDAYS (January 9 - May 1)</b> <input type="checkbox"/> January (4 classes - \$120) <input type="checkbox"/> February (4 classes - \$120) <input type="checkbox"/> March (3 classes - \$90) <input type="checkbox"/> April (4 classes - \$120) <input type="checkbox"/> May (1 class - \$30) <div style="text-align: right; margin-top: 10px;">           TOTAL FOR ALL            WEDNESDAY CLASSES:            \$480.00         </div>	<b>THURSDAYS (January 10 - May 2)</b> <input type="checkbox"/> January (4 classes - \$120) <input type="checkbox"/> February (4 classes - \$120) <input type="checkbox"/> March (3 classes - \$90) <input type="checkbox"/> April (4 classes - \$120) <input type="checkbox"/> May (1 class - \$30) <div style="text-align: right; margin-top: 10px;">           TOTAL FOR ALL            THURSDAY CLASSES:            \$480.00         </div>
<b>Payment Method</b>	
<input type="checkbox"/> Check (enclose check with application) Make checks payable to Assistance Dogs of the West and mail to: Assistance Dogs of the West PO BOX 31027 Santa Fe, NM 87594	<input type="checkbox"/> Credit Card Please go to <a href="http://assistedogsofthewest.org/applications">assistedogsofthewest.org/applications</a> to pay for classes online. Or, call 505-986-9748 to arrange for credit card payment over the phone.

### Registration Information

Student First Name	Student Last Name	Date of Birth (mm/dd/yyyy)	Gender
Child lives with			
Address		City	State      Zip Code
Primary Contact Phone Number	Home Phone Number	Email	
Parent 1 First Name	Parent 1 Last Name	Cell Number	Work Number
Parent 2 First Name	Parent 2 Last Name	Cell Number	Work Number



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Student Health Information

My child has the following health problems/disabilities (for example, allergies, bad knees, diabetes, asthma, seizures, heart problems, etc.)
My child has the following allergies
My child requires the following action for allergic reactions or medical emergencies
My child may take non-prescription pain medication if the need arises <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>**NOTE: ADW staff is not able to administer medications, except under the written emergency plan from physician.**</b>
If there is anything else you would like us to know about your child, please indicate below

Emergency Contacts (Must be two individuals OTHER THAN parents or guardians)

Emergency Contact 1 First Name	Emergency Contact 1 Last Name	Daytime Phone	
Emergency Contact 2 First Name	Emergency Contact 2 Last Name	Daytime Phone	
I authorize Assistance Dogs of the West to seek medical attention for my child in case of emergency. <input type="checkbox"/> Yes <input type="checkbox"/> No			
In case of a medical emergency, I authorize the staff of Assistance Dogs of the West to contact 911, and have my child transported to the nearest hospital. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Physician First Name	Physician Last Name	Phone Number	
Address		City	State   Zip Code
Dentist First Name	Dentist Last Name	Phone Number	
Address		City	State   Zip Code
Health Insurance Company			Policy Number

Refund Policy (Please read carefully.)

Refunds will be given for cancellations made no less than 7 days in advance of the program start-date, minus a 20% administration fee. Any cancellation made less than 7 days prior to the first day of class results in forfeiture of the registration fee. I understand that if my student misses a class, there are no refunds and the student may not attend another day as a make-up session.

Yes, I have read the refund policy and agree to the above terms.

**YOUR TYPED NAME BELOW SERVES AS YOUR DIGITAL SIGNATURE, IF COMPLETING ONLINE**

Parent/Guardian Signature: X Date: \_\_\_\_\_



## Media Authorization and Release

For (Student Name): \_\_\_\_\_

Subject to the terms and conditions set forth in this Agreement, I, \_\_\_\_\_ do hereby authorize Assistance Dogs of the West, its successors and assigns, and those acting under its permission and on its authority to copyright, use, and publish for:

- art
- sales materials
- advertising
- promotion, packaging, or trade
- any other lawful purpose whatsoever
- articles written or comments made by me
- photographs, pictures, portraits,
- images of me and or my dog(s) or other animal(s)
- in conjunction with my/our own fictitious name
- reproductions thereof in color or otherwise, made through any medium
- Film
- Video
- Print
- Website
- Social Media

Any and all comments made by me are provided to Assistance Dogs of the West without receipt of any promise of consideration.

The undersigned warrants that he/she has full power and authority to grant all of the rights conveyed there under and hereby waives any right that he/she may to inspect or approve the finished product or the advertising or other copy that may be used in connection therewith or the use to which it may be applied. The undersigned further agrees that this authorization and release binding upon his/her heirs, executors, administrators, successors and assigns.

The undersigned warrants that he/she is of full agreement and has every right to contract in his/her own name in the above regard, and further that he/she has read the above authorization and release, prior to its execution, and that he/she is fully familiar with the contents thereof.

I, undersigned, hereby consent to the foregoing conditions and warrant that I have the authority to grant such consent.

**YOUR TYPED NAME BELOW SERVES AS YOUR DIGITAL SIGNATURE, IF COMPLETING ONLINE**

Parent/Guardian Signature:   X   Date: \_\_\_\_\_



## Waiver of Liability & Informed Consent Release

I, the undersigned, have volunteered myself to participate in dog training classes, private consultations, workshops or other related activities offered by Assistance Dogs of the West (ADW). By signing hereunder, I certify that I have been informed and understand that there is always some unavoidable risk of injury involved when working with animals, especially animals with behavioral issues. I acknowledge that dogs can be inherently difficult to control and that not all dogs will be under control at all times resulting in the possibility of injury to myself, my dog, my family members, or third parties.

Additionally, I have had full opportunity to discuss all concerns I have about the foregoing risks with ADW and its authorized representatives. I have also made all inquiries and investigations to my satisfaction related to such risks, including, but not limited to, an examination of the training area (if applicable).

I hereby accept and assume, without reservation, all risks associated with my participation in the Classes, including, but not limited to: the risks of any and all injuries to myself, the dog I am working with, and any of my family members or third parties who may attend; the risks that any dog may cause injury to other persons and/or dogs involved in the Classes; and the risks that saliva, water, food, snow and/or other debris may be present in the training area.

As lawful consideration for participating in the classes, I, for myself, my heirs, executors, administrators, legal representatives, successors and assigns (the "Releasing Party"), hereby waive, release, discharge and agree not to sue and to indemnify, defend and hold harmless Assistance Dogs of the West (ADW) and their managers, agents, and employees (the "Released Party") from any and all injuries, losses, claims and damages to any person or persons of any nature whatsoever, including claims arising from the Released Party's own negligence, and all costs associated therewith, including attorney's fees, court costs and consultant fees, arising from my participation in the Classes.

This Waiver of Liability & Informed Consent Release shall be legally binding on the Releasing Party. Should the Releasing Party assert a claim to the contrary to what I have agreed to in this Waiver of Liability and Informed Consent Release, the claiming party shall be liable for all expenses (including attorney's fees, court costs and consultant fees) incurred by both the Releasing Party and the Released Party. No waiver or modification of any provision herein shall be valid unless expressly agreed to in writing by both the Released Party and the Releasing Party.

Every provision herein is intended to be severable. If any one or more of the provisions herein is found to be unenforceable or invalid, that shall not affect the other terms and provisions hereof, which shall remain binding and enforceable.

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature (to be signed by Parent or Guardian if under age 18):

**YOUR TYPED NAME BELOW SERVES AS YOUR DIGITAL SIGNATURE, IF COMPLETING ONLINE**

**X** \_\_\_\_\_

Date: \_\_\_\_\_