



Decoy Certification Registration

Decoy Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Sleeve [ ] Suit [ ] Both [ ] Paid by VigilantK9@gmail.com

RELEASE/WAIVER OF LIABILITY

I/We \_\_\_\_\_ am/are fully aware of the risks inherent in K-9 Decoy Training & Certifying for the WPCA. The Rules have been explained to me and I agree to assume full and complete responsibility for all of these risks and further agree to release the Trainer/Owner of the WPCA & all helpers for all acts of negligence for failing to control a dog, a participant or any other acts of negligence enumerated in the list below resulting in injury to my self, my child/children or my dog(s). I understand that the following is a list of potential risks inherent in the above activities which is not limited solely to these risks:

- Being bitten
- Being knocked down by a dog or trainer
- Being injured due to improper use of or defective training gear
- Injury to my own dog(s) by another dog(s)
- Trainers inability to control a dog
- Injury to my child or children
- Negligence of another participant
- Injury to myself, my child/children or my dog(s) related to the condition of the property such as holes, loose sand, rocks tree roots, etc.
- That the training program requires a moderate to high degree of physical activity and that anyone who has been placed on any type of physical restriction by a physician, should first consult with their physician before participating in the training class
- Damage to my vehicle
- Failing to strictly follow the attached Rules and Regulations Wherefore, in exchange for being allowed to participate in the WPCA Decoy Certification Seminar. I hereby agree to fully release WPCA, Deb Vigil & helpers from any and all liability for injury to myself or my child or children, my dog(s) even if such injury resulted from the negligence of WPCA, Deb Vigil & helpers occurring on the premises location: 500 William Danforth Way, Gray Summit, MO.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

Pass / Fail Date: \_\_\_\_\_