

# HAWAIIAN AGILITY HANDLERS ASSOCIATION\*

Handler's Name \_\_\_\_\_  
Please print LAST NAME FIRST NAME

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

PH \_\_\_\_\_ Email \_\_\_\_\_  
Please print clearly to receive class notices, handouts, changes, etc.

If you are a Minor or Student Handler; Age \_\_\_\_\_

🐾 1<sup>st</sup> Dog / Name \_\_\_\_\_ Age \_\_\_\_\_ Breed \_\_\_\_\_ Sex \_\_\_\_\_

Class \_\_\_\_\_ Class Day \_\_\_\_\_ Time \_\_\_\_\_

🐾 2<sup>nd</sup> Dog / Name \_\_\_\_\_ Age \_\_\_\_\_ Breed \_\_\_\_\_ Sex \_\_\_\_\_

Class \_\_\_\_\_ Class Day \_\_\_\_\_ Time \_\_\_\_\_

Instructor's signature/comments \_\_\_\_\_  
Instructor's approval may be required for some classes

If Second Handler; Name \_\_\_\_\_ PH \_\_\_\_\_

I agree to keep my dog in a crate or exercise pen when I am not working with him on the field  
I have read the HAHA field policies & agree to abide by all its rules

### NO REFUND/NO MAKE UP DATES

"I hereby agree to abide by the Bylaws of the Hawaiian Agility Handlers Association (hereinafter referred to as "HAHA") and the rules of the American Kennel Club. I further agree to release and hold HAHA, its officers, directors, instructors, agents, employees, and/or representatives harmless from any injuries, expenses, costs, or damages to myself, my dog, or any handler sponsored by me. In addition, I agree that I will defend and indemnify HAHA for injuries, expenses, costs, and damages to any dog handlers whether sponsored by me or not, or third parties arising out of my own action or the actions of my dog. I have read and understood the above stated provisions and agree to accept these responsibilities. It is understood that this waiver is a continuing one and shall apply as long as I participate in any HAHA activity or appear wherever HAHA has a permit. If there is more than one owner of the dog, I affirm that I have the authority to sign for all owners and will indemnify and defend HAHA against the claim(s) of any co-owner."

➤ Handler's signature(s) \_\_\_\_\_ / \_\_\_\_\_ Date \_\_\_\_\_

➤ Signature of Parent for Minor or Student Handler \_\_\_\_\_ Date \_\_\_\_\_

### Immunization records - Please provide information and attach copies of supporting documentation

DHLPP \_\_\_\_\_  
Expiration Date

Titer \_\_\_\_\_  
Test Date/Test Results

Vet Clearance Letter  
Attach Letter

Owner Administered Immunizations Date Given \_\_\_\_\_ Signed \_\_\_\_\_  
Signature required for Owner administered vaccines. Owner certifies that he/she administered the inoculation on the date shown

### Notes/Comments:

|                                 |                                    |                                    |
|---------------------------------|------------------------------------|------------------------------------|
| Paid Cash \$ _____              | Paid Check \$ _____ ck# _____      | HAHA Bucks _____                   |
| <input type="checkbox"/> Member | <input type="checkbox"/> Associate | Rec'd By _____ Date Accepted _____ |