

WI-IL Agility Group  
Presents:

**Jenn Crank**  
**Multi-Year World Team Member**

**January 20, 2012**  
**Friday**  
**8:30am-4:30pm**

## Novice Handling Seminar

WAG Building  
7705 Industrial Drive  
Spring Grove, IL 60081  
(815) 675-9300

Handlers attending this seminar will be introduced to a variety of skills that will enable them to lay a good foundation for higher levels of competition. There will be a strong emphasis on handling consistency as you work through a number of drills and short sequences. Areas to be covered include: working turns, cueing appropriately and developing a handling system. Dogs attending this seminar must be able to do all obstacles (except weave poles) confidently.

**Seminar: Limited to 12 working teams, unlimited auditors**

**Cost of seminar**

**Lunch, snacks, and beverages included.**

Make check payable to **WAG**. Checks will not be cashed until January 01, 2012

Working spot: \_\_\_\_\_ \$ 150.00 (member)                      Auditing: \_\_\_\_\_ \$ 20.00 (member)  
                                 \_\_\_\_\_ \$ 165.00 (non-member)    \_\_\_\_\_ \$ 30.00 (non-member)

**Registration is on a first received basis.**  
**Payment due with registration to hold your spot.**

Bitches in season may not participate.

**REGISTRATION FORM  
NOVICE SEMINAR  
Friday, January 20, 2012  
WAG Building  
Spring Grove, IL**

**Please read and sign** the registration form and the waiver and cancellation policy form. Return your registration forms and payment made out to WAG to:  
(Checks will not be cashed until 01/01/2012)

Donna Cordoba, 24639 Townline Rd, Grayslake, IL 60030  
Questions? Email me at [dmcordoba@yahoo.com](mailto:dmcordoba@yahoo.com)

**Handler information:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

**Dog Information:**

Dog's Name \_\_\_\_\_

Breed \_\_\_\_\_ Age \_\_\_\_\_

Skill you would most like to work on \_\_\_\_\_

Level at which this dog is competing \_\_\_\_\_

Most advanced title attained with a dog \_\_\_\_\_

**Circle one:**

\_\_\_\_\_ Working spot (limited to 12)      Fee: \$ 150.00 (member)    \$ 165.00 (non-member)

\_\_\_\_\_ Auditor (unlimited)                      Fee: \$ 20.00 (member)    \$ 30.00 (non-member)

## **Waiver of Liability**

I acknowledge that I have voluntarily applied to participate in dog training activities with WI-IL Agility Group (WAG) and Jennifer Crank. I am aware that there are risks and hazards involved with dog training, and I am voluntarily participating in the activities with the knowledge of these potential dangers. I am not relying on WAG or Jennifer Crank or any other person or entity to prevent such occurrences. In order to participate in all activities of this seminar, I agree to assume all risk of such occurrence.

I waive all claims or actions I may have against WAG or Jennifer Crank and agree to release WAG and Jennifer Crank from liability in any and all personal injuries to myself, my dog, children in my charge, or harm to property caused directly or indirectly by any acts that might occur in conjunction with this seminar. I also agree to assume sole responsibility for injury or damage caused by me, children in my charge, or by the dog I own or handle during participation in this seminar. I further indemnify, defend and hold WAG and Jennifer Crank harmless from any damage, loss, liability or expense including legal costs and attorney fees, which result from damage caused by myself, children in my charge, or the dog I own or handle.

## **Cancellation Policy**

We will do our best to maintain an active waiting list. We do not guarantee a replacement for your spot if you find it necessary to cancel. There are no exceptions to our cancellation policy.

**Your payment is non-refundable.**

**Your fees will only be refunded if your spot can be filled with an eligible participant.**

I understand that there are NO EXCEPTIONS to the cancellation policy and agree to all terms. I understand that cancellation may result in my receiving no refund if my spot in the seminar cannot be filled from the waiting list.

I have read the cancellation policy and waiver of liability and I agree to all terms.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_