



DOG PROGRAM REGISTRATION

DATE: _____

START DATE: _____

Participant's Name: _____

Pronouns: _____ Birthdate: _____

Participant Phone#: _____

CAN WE TEXT? Yes No

Participant E-Mail: _____

Address: _____
STREET CITY ZIP CODE

Service Branch/Years OR School/Grade: _____

Other Non-profits or Organizations providing mental health services:

Allergies: _____

Emergency Contact Name: _____

Emergency Contact Phone#: _____

CAN WE TEXT? Yes No

Emergency Contact E-Mail: _____

Address: _____
STREET CITY ZIP CODE

Emergency Contact Name: _____

Emergency Contact Phone#: _____

CAN WE TEXT? Yes No

Emergency Contact E-Mail: _____

Address: _____
STREET CITY ZIP CODE

PRIMARY

OPTIONAL

AT CIRCLE OF CHANGE, PARTICIPANTS COME TOGETHER TO WORK ON THEIR MENTAL HEALTH AND WELLNESS THROUGH UNIQUE DOG TRAINING AND HANDLING EXPERIENCES. IN WHAT AREAS DO YOU HOPE TO SEE IMPROVEMENT:

(IF YOU NEED MORE SPACE, PLEASE WRITE ON THE BACK.)

ATTENDANCE

I UNDERSTAND THAT CIRCLE OF CHANGE IS PAYING THE FEES FOR DOG PROGRAM CLASSES. DOG PROGRAM CLASSES ARE FREE TO QUALIFYING PARTICIPANTS. I GIVE MY PERSONAL COMMITMENT TO MAKE SURE THAT _____ ATTENDS ALL DOG CLASSES TO THE BEST OF MY ABILITY. IF _____ IS NOT ABLE TO ATTEND A CLASS, I WILL CONTACT COC IN ADVANCE (*AS EARLY AS POSSIBLE, PLEASE*) OF CLASS. I UNDERSTAND THAT IF _____ MISSES MORE THAN 2 CLASSES, WITHOUT CONTACT WITH CIRCLE OF CHANGE, CIRCLE OF CHANGE CANNOT GUARANTEE _____ SPOT IN THE PROGRAM.

PARTICIPANT'S NAME

PARTICIPANT'S NAME

PARTICIPANT'S NAME

PARTICIPANT'S NAME

[CIRCLE OF CHANGE MAKES EVERY EFFORT TO SEND OUT REMINDERS FOR EACH CLASS, FOR THE PURPOSES OF SECURING THE ADEQUATE AMOUNT OF VOLUNTEERS, DOGS AND SUPPLIES FOR CLASS. SHOULD THERE NEED TO BE A CANCELLATION OF A CLASS, DUE TO UNFORSEEN CIRCUMSTANCES OR WEATHER, YOU WILL BE NOTIFIED AS EARLY AS POSSIBLE.]

INITIALS:

DATE:

PERSONAL COMMITMENT TO CONFIDENTIALITY

IT IS THE POLICY OF CIRCLE OF CHANGE TO MAINTAIN ABSOLUTE CONFIDENTIALITY FOR THE PROTECTION OF ALL PERSONS INVOLVED IN THE ORGANIZATION. I AGREE TO ABIDE BY THAT POLICY & HOLD IN CONFIDENCE ALL INFORMATION OBTAINED IN THE COURSE OF MY PARTICIPATION WITH CIRCLE OF CHANGE, WHETHER THAT INFORMATION IS OBTAINED THROUGH WRITTEN RECORDS OR VERBAL INTERACTION.

THEREFORE, I WILL NOT DISCLOSE ANY PERSONAL INFORMATION ABOUT THE PARTICIPANTS, STAFF, VOLUNTEERS OR SUBCONTRACTORS OR PERSONS REFERRED, SEEKING, OR RECEIVING SERVICES THROUGH CIRCLE OF CHANGE (INCLUDED, BUT NOT LIMITED TO NAMES, PHOTOS, ADDRESSES, PERSONAL DETAILS, HEALTH STATUS, ETC.) WITHOUT WRITTEN AUTHORIZATION FROM THE SPECIFIC PERSON, UNLESS:

- A.) MANDATED BY LAW
- B.) COMPELLED TO DO SO BY A COURT OR PURSUANT TO RULES OF THE COURT
- C.) TO PREVENT CLEAR & IMMEDIATE DANGER TO A PERSON OR PERSONS

I UNDERSTAND THAT VIOLATION OF THIS AGREEMENT MAY RESULT IN CORRECTIVE ACTION, UP TO AND INCLUDING TERMINATION OF PARTICIPATION, OF ANY KIND, WITH CIRCLE OF CHANGE. UNAUTHORIZED RELEASE OF CONFIDENTIAL INFORMATION MAY ALSO RESULT IN PERSONAL, CIVIL, AND/OR CRIMINAL LIABILITIES AND LEGAL PENALTIES.

PARTICIPANT'S INITIALS:

DATE:

PARENT/GUARDIAN INITIALS:
(IF UNDER 18)

DATE:

HOLD HARMLESS AGREEMENT

I (WE) AGREE TO ABIDE BY THE RULES AND REGULATIONS SET FORTH FOR BY CIRCLE OF CHANGE (COC) AND THE DOG TRAINERS UTILIZED BY COC. I (WE) HEREBY HOLD CIRCLE OF CHANGE, THE BOARD OFFICERS, DIRECTORS, VOLUNTEERS, DOG TRAINERS, GUEST INSTRUCTORS AND MEMBERS THEREOF, AS WELL AS THE DOG TRAINING FACILITY OWNERS IN WHICH TRAINING IS HELD, FREE AND HARMLESS FROM ANY CLAIM FOR DAMAGES WHICH MAY OCCUR TO ME, MY ATTENDANTS OR MY DOG(S), OR EXPENSES ARISING OUT OF ANY INJURY TO ANY PROPERTY CAUSED BY MY DOG(S), MY ATTENDANTS, OR MYSELF.

I UNDERSTAND AND ACKNOWLEDGE THAT THERE MAY BE HAZARDS RELATING TO THE CLASSES, EVENTS AND FACILITIES, INCLUDING, BUT NOT LIMITED TO THE CONDITIONS OF FLOORING, PARKING AREAS, LIGHTING, STRUCTURES, SECURITY OR LACK THEREOF, ELECTRICAL APPLIANCES, FITTINGS, AGILITY EQUIPMENT, AND OTHER PHYSICAL CHARACTERISTICS OF THE SITE, AND I ASSUME THE RISK OF ANY HARM ARISING FROM THE ABOVE LISTED EXPOSURES.

FURTHERMORE, I UNDERSTAND THAT ATTENDANCE AT A DOG TRAINING CLASS OR EVENT IS NOT WITHOUT RISK TO MYSELF, MEMBERS OF MY FAMILY, GUESTS WHO MIGHT ATTEND, OR TO MY DOG.

I HEREBY WAIVE AND RELEASE ALL THOSE AFOREMENTIONED FROM ANY AND ALL LIABILITY OF ANY NATURE FOR INJURY OR DAMAGE WHICH I OR MY DOG MAY SUFFER, INCLUDING, SPECIFICALLY BY WITHOUT LIMITATION, ANY INJURY OR DAMAGE RESULTING FROM THE ACTION OF ANY DOG. I EXPRESSLY ASSUME THE RISK OF SUCH DAMAGE OR INJURY WHILE ATTENDING ANY TRAINING SESSION OR FUNCTION WHILE ON THE TRAINING GROUNDS OR THE SURROUNDING AREA. IN THE

HOLD HARMLESS AGREEMENT (CONT.)

EVENT THAT EITHER MY DOG OR I ARE INJURED BY ANOTHER DOG PRIOR TO, DURING OR FOLLOWING AN EVENT/CLASS/SEMINAR HOSTED BY CIRCLE OF CHANGE, I AGREE TO HOLD HARMLESS CIRCLE OF CHANGE, ITS BOARD OF DIRECTORS, OFFICERS, INSTRUCTORS AND PROPERTY OWNERS FOR ANY INJURY SUFFERED OR SUSTAINED BY MYSELF AND/OR MY DOG(S).

PARTICIPANT'S INITIALS:

DATE:

PARENT/GUARDIAN INITIALS:
(IF UNDER 18)

DATE:

PHOTO/VIDEO WAIVER

I, _____, GRANT CIRCLE OF CHANGE PERMISSION TO USE THE PHOTOGRAPHS OR VIDEOS TAKEN AT ANY CIRCLE OF CHANGE RELATED ACTIVITY LEGAL USE, INCLUDING BUT NOT LIMITED TO:

PUBLICITY, COPYRIGHT PURPOSES, ILLUSTRATION, ADVERTISING, AND WEB CONTENT.

FURTHERMORE, I UNDERSTAND THAT NO ROYALTY, FEE OR OTHER COMPENSATION SHALL BECOME PAYABLE TO ME BY REASON OF SUCH USE.

PARTICIPANT'S SIGNATURE: _____ DATE _____

OR, IF UNDER AGE 18:

PARENT/GUARDIAN'S SIGNATURE: _____

PARENT/GUARDIAN'S NAME (PRINTED): _____

CHILD'S NAME: _____ AGE: _____

CLASS SAFETY REQUIREMENTS:

UNACCEPTABLE BEHAVIOR THAT CAN HARM THE GROUP MAY BE GROUNDS FOR DISMISSAL. THIS INCLUDES:

- ATTENDING CLASS UNDER THE INFLUENCE OF RECREATIONAL DRUGS OR ALCOHOL.
- MAKING THREATS OF VIOLENCE, PHYSICAL HARM OR PROPERTY DAMAGE.
- FAILURE TO OBEY ANY RULES OR REGULATIONS OF CIRCLE OF CHANGE STAFF OR CONTRACTED DOG TRAINERS.

EACH DOG IN THE PROGRAM SHOULD HAVE A DESIGNATED HANDLER, WHO IS SHOWN TO HAVE PROVEN DOG HANDLING SKILLS. [STAFF MAY REQUIRE THE USE OF A SECONDARY DOG TO BE USED BY A VOLUNTEER/PEER MENTOR OR STAFF MEMBER AS A FORM OF SAFETY & CONTROL AS A MEANS OF ASSISTING A PARTICIPANT IN CONTROLLING A DOG, IF NECESSARY.]

CIRCLE OF CHANGE STAFF, DESIGNATED VOLUNTEERS, STAFF, SPECIAL GUESTS OF THE PROGRAM AND PARTICIPANTS ARE THE ONLY INDIVIDUALS ALLOWED IN CLASSES. OBSERVING A CLASS IS AT THE DISCRETION OF CIRCLE OF CHANGE STAFF ONLY AND A SIGNED CONFIDENTIALITY WAIVER WILL BE REQUIRED.

RECREATIONAL PHONE USE DURING CLASS IS NOT ALLOWED.

SHARING PHOTOS FROM YOUTH DOG PROGRAM CLASSES IS PROHIBITED WITHOUT THE EXPRESS PERMISSION OF CIRCLE OF CHANGE. PHOTO WAIVERS ARE REQUIRED TO SHARE PHOTOS OF OUR YOUTH PARTICIPANTS (UNLESS SHARING A PERSONAL PHOTO OF YOUR OWN CHILD, OF COURSE).

PARTICIPANTS OF THE YOUTH DOG PROGRAM ARE ASKED TO NOT LEAVE THE CLASS AREA WITHOUT THE PERMISSION OF A CIRCLE OF CHANGE STAFF MEMBER. LEAVING CLASS PRIOR TO THE DESIGNATED END TO CLASS, REQUIRES CHECKING-IN WITH THE DESIGNATED CIRCLE OF CHANGE STAFF MEMBER OVERSEEING THE CLASS.

DOGS & HUMANS WORKING TOGETHER TO HEAL INVISIBLE WOUNDS

PARTICIPANT'S INITIALS:

DATE:

PARENT/GUARDIAN INITIALS:
(IF UNDER 18)

DATE: