

**Elements of Utility  
May-June 2025  
DAUPHIN DOG TRAINING CLASS**

**Fow weeks of Classes Tuesday, 9:00 AM: May 27, June 3, 10, 17, 2025  
(Limit 6 working spots)**

**Notice: This class will be approximately 2 hrs. each day.  
Instructor: Jane Frantz; with Sallie Jordan**

Handler Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # if class is canceled: \_\_\_\_\_ Email: \_\_\_\_\_

Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Yrs. Gender: Male- \_\_\_\_\_ Female- \_\_\_\_\_

Call Name: \_\_\_\_\_ Last Class Completed by Dog; Where and When: \_\_\_\_\_

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Please make check payable to DDTC. There is a \$25 charge for any returned checks.  
Fee: Members: \$55 or 18 Volunteer Rewards per dog

Registration opens May 5, 2025  
Registrar will send email confirmations.

**As a Condition to accept tis application, the following agreement must be signed. AGREEMENT TO HOLD HARMLESS, WEAVER AND ASSUMPTION OF RISK:** I understand that at a dog training class is NOT without risk to myself, members of my family or guests who may attend, or my dog, because the dogs to which I will be exposed may be difficult to control and may be the cause of damage or injury even when handled with the greatest amount of care. I hereby waive and release DAUPHIN DOG TRAINING CLUB, INC., hereinafter DDTC, and its officers from any damage or injury resulting from the action of any dog. I expressly assume the risk of such damage or injury that I or my dog may suffer while attending any training session or any other function of DDTC, or while on the training grounds or the surrounding area. I understand that by signing or executing this form, I am releasing DDTC, its officers, members, and agents from liability for damages or injury even if DDTC, its officers, members, and/or agents are negligent. In consideration of and as inducement to the acceptance of my acceptance of my application for training at DDTC, I hereby agree to indemnify and hold harmless DDTC, its officers, members, and agents from any and all claims by members of my family or any other person accompanying me to any training session or function of DDTC, or while on the premises or the surrounding area as result of ant action by any dog, including my own. I hereby certify that I am over 18 years of age and of sound mind.

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

Questions:	Sallie Jordan	570-523-7468
Registrations to:	65 March Circle	graydog2002@gmail.com
	Winfield, PA 17889	