

Kent Canicross Registration Form

Disclaimer and Personal Details
Please complete all sections and return to an



Your details

Your name:

Date of birth:

Address (inc post code):

Email:

Telephone/mobile:

Details of any medical conditions we should know about:

Next of kin

Name:

Address:

Postcode:

Telephone/mobile:

Canine partner/s

Name of dog/s:

Breed:

Age (estimate):

Sex:

Name of pet insurance company:

Declaration

I confirm that participation in this group is entirely at my own risk and I accept full responsibility for the health, safety and actions of myself and my dog/dogs. I confirm that I have current public liability insurance in place.

Signed....., date.....