



Alerting for Diabetic Scenting

6 Classes /1 hour each

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Week #1 <ul style="list-style-type: none"> • Learning the Alert Concept • Where to alert • How to Alert • Collecting your Samples 	Week #2 <ul style="list-style-type: none"> • Using your samples • Learning the scent • Pairing the scent to the alert
Week #3 <ul style="list-style-type: none"> • Fading the verbal/gestural cue • Creating a consistent alert • Creating a persistent alert 	Week #4 <ul style="list-style-type: none"> • Relying on scent only • Fading false positives
Week #5 <ul style="list-style-type: none"> • Fading false positives cont.. • Positions • Distance 	Week #6 <ul style="list-style-type: none"> • Distractions • Intelligent Disobedience • Be Patient

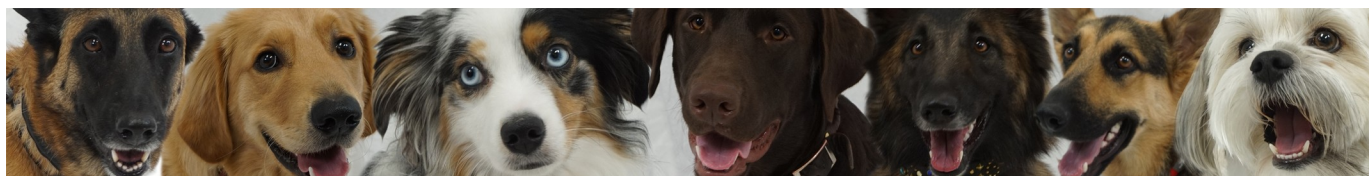
For your first class please arrive a little early if possible. I'll need to see that you have the following items with you:

First Class Only Please Bring:

- Proof of Veterinary Care (AKA – Record of Vaccinations)
- Payment for Course in full or the remainder due after your deposit.
- Signed Waiver for the Course. (attached to this document)

Bring to Every Class:

- 4'-6' non-retractable leash attached to your dogs collar or training aid you may be using.
- Treat Rewards or Toys for your pup (please no squeaking toys)
- Poo bags / Clean up kit
- Treat pouch strongly encouraged.



Student Info & Waiver

Name: _____

Address: _____

Phone: _____ Cell Phone: _____ Texting: Y / N

E-Mail: _____

Dog's Name: _____ Dog's Age: _____ Sex: _____

Dog's Breed: _____ Spayed/Neutered: Y / N

Accident Waiver and Release of Liability

I hereby assume all of the risk to myself, my dog, and anyone who may accompany me to class of participating in this activity before, during and after class. I certify that I and my dog are physically fit, have sufficiently prepared for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my or my dogs participation in this activity.

I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, or for any public access, or group outings THE FOLLOWING ENTITIES OR PERSONS: All 4 Paws Training LLC and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;

I acknowledge that All 4 Paws Training LLC and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I understand that I am responsible and liable for any damage myself, or my dog cause to any other individual person, or other dog, while participating in this activity, or during any activities that involve public access, or other group outings. I am also responsible for any damage I myself or my dog cause to any property not belonging to myself while participating in any All 4 Paws Training activities.

I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. This waver will remain in effect until It has been rescinded in writing and signed by the owner of the dog in training.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Participant's Signature

Date