

Puppy Kindergarten Registration

Please fill out the section below, sign the bottom of the form, and mail to the address below along with your registration fee (\$120). Classes are filled on a first-come, first-served basis as registrations are received. **This form and your fee must be received to hold a place in class.** If you do not have all of the health certification information available right now, you can send in this registration form and the fee now to reserve a place, and bring the health certification to the first class.

Your name: _____ Ph (home): (____) _____

Address: _____ Ph (w / c): (____) _____

City/Zip: _____ e-mail: _____

Pup's name: _____ Breed: _____ DOB: _____ Sex: M F

Desired session: _____ Day/Time: _____ Start Date: _____ Fee: __\$120__

Cancellation Policy

Cancellations made at least 48 hours prior to the first class of the session will receive a full refund. Cancellations made between 48 hours prior to the first class of the session and the first class of the session will receive a 50% refund. No refunds of class fees will be made after the session begins. There is a \$35 fee for returned checks.

Assumption of Risk, Limitation of Liability, Indemnification and Release

This section must be signed by you in order to train your dog with See Spot Sit, LLC. Your registration cannot be processed without your signature.

(i) Trainee acknowledges and agrees that neither See Spot Sit, LLC ("Trainer"), nor any of its employees, volunteers, members, or agents, shall be held liable for any damages (incidental, consequential and/or special), losses, injuries, claims, negligence, harm, financial loss, sums of money, attorneys' fees, costs and/or any causes of action (hereinafter "Damages") associated with the instruction, consultation and training services as may be associated with and/or contemplated by the sessions in which Trainee is participating with his/her/their dog.

(ii) Trainee acknowledges that training, consulting and instruction (including behavior modification) is an inherently dangerous activity and therefore agrees that he/she/they are aware of, and do hereby assume, all risks associated with the instruction, consultation and training, including but not necessarily limited to any dog bites or attacks to any person or property during a session or at any time thereafter.

(iii) Trainee hereby agrees to indemnify and hold harmless Trainer, and its employees, volunteers, members and agents against any Damages resulting from claims made by any third party due to any actions of Trainee's dog, including but not necessarily limited to any bites or attacks.

(iv) Trainee agrees to release and hold harmless Waredaca, LLC, its employees, members and agents, from any and all Damages associated with being owner/landlord of the premises utilized by Trainer.

Signature: _____ Date: _____

Mail this form to: 22822 Howard Chapel Rd., Brookeville, MD 20833-1218

NOTE: This is NOT the class location. Please see <http://www.see-spot-sit.com/directions.html>

Puppy Kindergarten Health Certification

You may have your vet fill out and sign the section below, **-or-** you may submit printed receipts from your vet showing the appropriate information. Mail the completed form or receipts to the address below, or bring it with you to the first class. ***Pups without proper health certification will not be admitted to class. No exceptions.***

Your name: _____ Pup's name: _____

Item	Date(s) administered:	Required?
Vet exam		REQUIRED
DAP vaccines	#1: #2:	At least 2 REQUIRED
Stool check		REQUIRED
Bordetella vaccine		Recommended, not required
Rabies vaccine		Age appropriate

I have examined the above named puppy and found it to be in good health and free of external parasites.

Vet signature or stamp: _____ Date: _____

Printed name: _____ Phone: (_____) _____

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