

**Sit Happens Dog Training, LLC  
Liability Waiver & Release**

Please read and complete this waiver and return it to your instructor promptly. Be aware that by signing this liability waiver, you are giving up important legal rights. If you wish, you may review this liability waiver with your own legal counsel before signing.

I understand that participation in a dog training class is not without risk to me, members of my family, guests who may attend, and my dog(s). Some of the dogs to which I will be exposed may be difficult to control and may be a cause of injury, even when handled with the greatest degree of care.

I agree to hold Sit Happens Dog Training, LLC, Pet Supplies Plus, and the instructor(s) of this class harmless for any claims resulting from loss or injury caused directly or indirectly to any person or thing by my actions or the actions of my dog while in or upon the training area or near the entrance thereof. I personally assume all liability for any such claim. I further agree to hold the aforementioned parties harmless for any claim of damage or injury to me or my dog, regardless of cause.

I understand that my dog will be exposed to other dogs in the class. As a preventative measure, I have enclosed a copy of my dog's current shot record (applies to new students only). I understand that no dogs will be allowed entrance to a class without a shot record on file with Sit Happens Dog Training, LLC. **NO EXCEPTIONS WILL BE MADE.** I personally assume the responsibility for any and all veterinary care necessary for my dog as a result of our participation.

I agree to all of the above, and have enclosed a check to cover the classes for which I wish to enroll. Please make checks payable to **Sit Happens Dog Training & Behavior.**

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Parent or Legal Guardian  
(if participant is less than 18 years of age)

\_\_\_\_\_  
Date

**Each participant must sign and date this form. Thank you.**