



TRAINING CLASS AGREEMENT

Obedience Training classes are six (6) week courses. Lessons will be held once weekly as agreed upon. There is a fee of **\$100.00** (one hundred US dollars) due before, but no later than the first day of class. I understand that my spot in class is only confirmed with my payment. I also understand that it is my responsibility to: 1) attend all classes in a timely manner, 2) know that make up classes are not provided, 3) Sycamore Lane does not provide refunds and 4) should I drop out, reenrollment credit is subject to the discretion of the training staff at Sycamore Lane.

Sycamore Lane Trainers reserve the right to drop from class any dog for just causes. Causes include, but are not limited to: illness or suspicion of illness, poor temperament of the dog, the inability or unwillingness of the handler or owner to follow instructions or to give the proper home practice time, or abusive treatment of the dog.

Owners must understand that there are certain levels of risk associated with off leash socialization and your dog may incur injury. Also there is risk associated with your dog not being fully vaccinated. We take every precaution possible, but we are not held responsible should your dog incur injury or illness.

I agree to assume all responsibility and liability for any injury which may be alleged to have been caused directly or indirectly to any person, animal, or thing by the act of this dog while in or upon the Sycamore Lane training premises or grounds or near any entrance thereto.

I further agree to hold Sycamore Lane owners, trainers, and employees harmless from any and all claims and liabilities of every nature which might arise from myself and this dog's participation in the class or from any other cause.

I, the undersigned, have read and understand the above contract.

Print Owner's Name (Must be 18 years or over or Parent or Guardian)

Address

City State Zip

Who is handling this dog during training?

Dog's Name

Breed

Color

Age

Sex

Spayed or Neutered

Owner's Signature (Must be 18 years or older or Parent or Guardian)

Date

FOR SYCAMORE LANE OFFICE USE ONLY

Bordetella _____ DHLPP _____ Rabies _____ Payment Type _____ Date _____ Amt _____