



## RELEASE AND WAIVER OF LIABILITY

I request permission to participate in dog training activities with M Squared Dog Training, LLC, with instruction from Melinda Moss and or employees or guest instructors of M Squared (hereinafter referred to as "M Squared"). I fully understand that puppy/dog training may involve contact and/or interaction with other participants' puppies/dogs, may include jogging, running, on uneven surfaces and that dogs can be unpredictable. I accept and assume all risks of injury, to myself and/or my dog. I agree to exercise caution, follow all instruction, rules of M Squared and safety precautions at all times when in class and while visiting any of the facilities located at 556 Bucher John Road, Union Bridge, Maryland 21791; "Strike Zone"- Frederick Indoor Sports Center located at 1845 Brookfield Court, Frederick, Maryland 21701; and/or at "Keymar" a/k/a Run and Play Farm, 1791 Francis Scott Key Highway, Keymar, Maryland 21757.

To be permitted to participate in this activity, I agree to provide a copy of my dog's Rabies vaccine history and to come prepared to class with appropriate leash, collar, treats and any other items required by MSquared. By signing this Release and Waiver of Liability, I release and agree not to make or bring any claim of any kind against M Squared Dog Training, LLC, Melinda Moss, employees or guest instructors of M Squared, Strike Zone, LLC (hereinafter "Strike Zone"), Frederick Indoor Sports Center (hereinafter "FSIC"), Lisa & Bob Delauder "Keymar-Run & Play Farm", its owners, officers, directors, boarders, employees, guests and Melinda Moss, individually, jointly and severally; for any injury to me or any damage to my property, including my dog, whether from anyone's negligence or not, or any other cause, arising out of my participation in this dog training class or related activities; and I also agree if anyone makes any claims because of any injury to me or for any damage to my property, I will hold harmless, indemnify and defend those whom I have released with respect to all such claims.

**Printed Name of Participant:**

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Participant/Owner**  
(And/or Legal Guardian if Minor)

\_\_\_\_\_  
**Printed name of legal guardian if under 18**

**Emergency Contact** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Veterinarian's Name and Phone/Web address:** \_\_\_\_\_



## COVID-19 WAIVER

As a student of M Squared Dog Training, LLC, I pledge to promote my own safety as well as that of the other students/trainers/guests/staff/owners at M Squared by agreeing to these requirements:

1. I have read, understand, and agree to follow the rules and procedures set forth in the guidelines of M Squared Dog Training, LLC.
2. To the best of my knowledge, I do not have COVID-19, I have not been exposed to the virus within the last three (3) weeks, nor do I have any symptoms including but not limited to fever, cough, rash, etc.(as defined by the CDC) for fourteen (14) days or more.
3. Should I feel ill or not 100% before the start of any lessons and or group classes at M Squared or if I find out I have become exposed to the virus, I will contact Melinda Moss.
4. If I become ill while attending a lesson or group class, I will notify Melinda Moss when I leave.
5. I agree to practice physical distancing and frequent handwashing/sanitizing, and follow all protocols put in place by M Squared.
6. I understand that if I am not in compliance with these guidelines, and I refuse to comply, I will be asked to leave and or not attend lessons or group classes and any payments made for packages of lessons group or private will be forfeited.
7. I understand that my signature verifying this agreement is necessary to attend classes/lessons at M Squared.
8. I am entering/attending/training in classes with M Squared at my own volition and am responsible for my own health. Melinda Moss, M Squared Dog Training, LLC, Angela Kearney, Strike Zone, LLC, and Lisa & Bob Delauder "Keymar-Run & Play Farm and any and all staff or representatives of M Squared Dog Training, LLC are in no way liable for any present or future COVID-19 infection incurred at any time by any person in attendance of any M Squared Training classes or events.

Please print and sign your name below. Only in original signatures are accepted. Thank you for your consideration.

**Printed Name of Participant:**

**Date:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Signature of Participant/Owner**  
(And/or Legal Guardian if Minor)

\_\_\_\_\_  
**Printed name of legal guardian if under 18**