

**New Topics! · Classes start Jan 27!**  
**Mondays@2:30 · Rm 24 · 6 weeks · Grades 2-6**  
**Jan 27 · Feb 3, 24 · Mar 2, 9, 23**



**Join us for another exciting KidVets session!** Future vets adopt their own (stuffed) pets and use their science, math, and critical thinking skills to learn about responsible pet ownership, how animal bodies work, signs of illness, and all the other fun, gross, weird and amazing things vets encounter while doing their jobs! Hands-on demonstrations, games, class problem-solving, scientific models, and medically themed crafts and snacks, and live dog participants highlight new topics each session.



- **New topics each session!** · **Animals of the Lunar New Year** · **Pet Adoption!** ·
- **Animal Geography!** · **Animal Body Language** · **The Circulatory System & Heartworms** ·
- **“Gross” Things (Barf, Poop, Bugs & Worms!)** · **Animal Exam Skills** ·

Dr. Pam Wittenberg has 30 years of experience in the field of veterinary medicine. When she's not teaching kids about the wonders of science and veterinary medicine, she works as a veterinarian at Vetted Mobile Petcare in SF, Sonoma County, and the East Bay and teaches anatomy and veterinary classes at Santa Rosa Junior College. **KidVets.net** Instagram **pamwittenberg@kidvets.net**

**PARTICIPANTS MUST REGISTER ONLINE TO BE ENROLLED!**  
**Return this form via email or on 1st day of class.**

- 1) ENROLL:** SignupGenius link: [tinyurl.com/u9ctwhl](https://tinyurl.com/u9ctwhl)
- 2) PAY :** Venmo (Kidvets, [pamwittenberg@gmail.com](mailto:pamwittenberg@gmail.com), @Kidvets-pamwittenberg), Apple Pay (415 531 4056), or send \$120 check on 1st day of class!
- 3) SEND:** This enrollment form and attached waiver on the first day of class.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent(s) name(s): \_\_\_\_\_

Emergency name/phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Allergies/Medical concerns? \_\_\_\_\_

Home phone: \_\_\_\_\_ Email(s): \_\_\_\_\_

(initial) \_\_\_\_\_ Fees are non-refundable. Due by the first class meeting via check, ApplePay, Venmo  
(initial) \_\_\_\_\_ I will provide prompt pickup at 3:30 OR (initial) \_\_\_\_\_ My child will go to on-site daycare  
(initial) \_\_\_\_\_ I give permission for use of my child's photo on KidVets website/Facebook page (ok to opt out)  
(initial) \_\_\_\_\_ I have submitted \$120 payment via Venmo or ApplePay, or will submit a check at the first session  
(initial) \_\_\_\_\_ I understand that this is not a Santa Rosa City Schools Activity  
(initial) \_\_\_\_\_ I have completed/mailed a liability waiver (see next page or [kidvets.net/enroll-now](https://kidvets.net/enroll-now))



# Release of Liability

I hereby declare that I am authorized as the parent and/or guardian of \_\_\_\_\_ (“participant”) to sign this Release of Liability Form on their behalf, and understand and agree that I am bound by all terms and conditions of this document.

I understand and acknowledge that certain aspects of KidVets (“program”), whether or not listed on the website, paperwork, or through other verbal or other non-verbal communication, carry a risk of injury.

I hereby release and agree to indemnify and hold harmless, KidVets, Dr Pam Wittenberg, Proctor Terrace School, Santa Rosa City Schools, and all of their employees and representatives (“provider(s)”) whatsoever from any and all losses, claims, damages, liabilities, costs, and expenses including attorney fees, which they or any of them, or participant may sustain or incur in any way arising out of or in connection with participation in the program.

The provider reserves the right to dismiss a participant whose conduct is dangerous, illegal, or is detrimental to the program and/or other participants. No refunds are given to dismissed participants. In case of accident or sickness, the providers have my permission to secure such medical attention for my child as is deemed necessary. All expenses will be the responsibility of, and shall be paid for by, the parents or guardians.

I am familiar with the program and all my questions, including questions concerning the details of activities, physical conditions, and location have been answered to my satisfaction. I understand that participation creates a risk of injury to the participant and I expressly acknowledge and assume the risk of such injury.

The program may or may not include: arts and crafts, outdoor activities, field sports, science experiments (including but not limited to chemistry, physics, and biology), the use of medical equipment (including needles and other sharp objects), and exposure to dogs. Possible injuries include, but are not necessarily limited to: slipping, falling, sunburn, cuts from equipment, tools, and other surfaces, scratches and bites from dogs, and other mild or serious injuries and conditions. I understand that this description of risks is not complete, and that unknown or unanticipated risks may result in property loss, injury, or death. I represent that my child is fully capable of participating in the program. Therefore, I assume and accept full responsibility and assume the risk of and for any injury, death, loss of personal property, and/or expenses that may result from participant involvement in this program.

An environment free of allergens, including but not limited to food, pollen, and animal allergens, cannot be guaranteed. Therefore, the providers cannot guarantee that any particular food product/location/animal is free of all traces of any particular allergen, that exposure to a food product/location/animal will not result in some form of allergic reaction, or that the participant will not come into contact with any allergens while participating in the program. The undersigned acknowledges and agrees that he/she is aware of such risks and that participation will expose the participant to food, activities and persons that may result in exposure to allergens and injury and, in that regard and assuming such risks, the undersigned hereby fully releases and discharges the providers from any and all liability and/or responsibility to the participant, the undersigned, or any third party for death and/or injuries to the participant, and/or any direct, indirect, punitive, incidental, or any damages that arise out of or relate to participation in the program and/or exposure to allergens.

Parent/Guardian: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ E-mail: \_\_\_\_\_

**KidVets may use my child’s picture in online galleries &/or advertising (no names or other identifying information will be used).**

**Yes!      No.**  
**(circle one)**