



International Shiloh Shepherd Registry, Inc.
PO Box 309
Silver Springs, NY 14550

ORIGINAL SHILOH SHEPHERD ACADEMY CONFIDENTIALITY AGREEMENT

THIS AGREEMENT governs the disclosure of confidential information between Tina Barber, owner and teacher of the Original Shiloh Shepherd Academy, the International Shiloh Shepherd Registry, Inc. Board of Directors and _____, licensed breeder or licensed breeder in training with the International Shiloh Shepherd Registry, Inc as of _____ (date).

1. Definition of Confidential Information

As used herein, “Confidential Information” shall include all technical and non-technical information as specifically related to the Shiloh Shepherd “breed” under development including but not limited to (a) breed genetics, (b) breeding practices, (c) breed health issues, (d) breed foundation and stock data including but not limited to breeding (pedigree) lineage, (e) and all other information deemed confidential by Tina Barber as Breed founder, breed warden and teacher of the Original Shiloh Shepherd Academy.

2. Recognition of a Compelling Need for Confidentiality

_____ (name) realizes that the International Shiloh Shepherd Registry, Inc. and the Original Shiloh Shepherd Academy has a compelling need to maintain confidentiality, and further recognizes that his/her communications with the Original Shiloh Shepherd Academy will place him/her in a position of special trust with access to confidential information concerning breed data that is/has been shared within the Original Shiloh Shepherd Academy.

3. Handling of Confidential Information

Each party agrees that at all times and notwithstanding any termination or expiration of this Agreement it will hold in strict confidence and not disclose to any third party Confidential Information disseminated through the Original Shiloh Shepherd Academy or any information disseminated by Tina Barber that is included in the definition of Confidential Information, except as approved in writing by Tina Barber.

4. Confidentiality Term and Termination

Due to the sensitivity and the need to improve and perfect this breed, it is understood that this Confidentiality Agreement shall remain in effect indefinitely or as otherwise agreed to in writing by Tina Barber. The recipient's obligations under this agreement shall survive termination of the (Agreement between the parties and shall be binding upon the Recipient's heirs, successors and assigns). Upon written request of Tina Barber or the ISSR, Inc. Board of Directors, the recipient shall promptly return all documents and other tangible materials representing the Confidential Information and copies thereof.

The parties agree that all other provisions of this agreement will remain in effect even if a portion of this agreement is found to be unenforceable.

5. Ownership of Confidential Information

Each party agrees that Tina Barber as well as the Board of Directors of the ISSR, Inc. are the owners of all Confidential information.

6. Effect of Breach

_____ (Name) realizes that a breach of this Agreement would cause substantial harm to the International Shiloh Shepherd Registry, Inc. and the continuation and development of the Shiloh Shepherd.

7. Remedies

_____ (Name) acknowledges that he/she has been informed that if he/she breaches this Agreement, Tina Barber, in addition to terminating me as a Licensed Breeder or as a Licensed Breeder in Training, may obtain preliminary and permanent Court injunctions to stop the breach, and may sue to cover from _____ (Name) an amount equal to the damages caused by this breach together with the costs and expenses, including attorney fees, incurred by Tina Barber or the International Shiloh Shepherd Registry, Inc. in taking such actions. It is agreed that all such proceedings will be filed and enforced within the jurisdiction of the State Supreme Court of New York in Allegany County, NY.

I have read this document and I understand and agree to abide by its provisions.

Date: _____
NAME

WITNESS: _____ DATE: _____

WITNESS PHONE #: _____

WITNESS: _____ DATE: _____

WITNESS PHONE #: _____

OR NOTARY:

Stamp	Signature and Date