

## Evansville Obedience Club, Inc. Membership Application

NAME(S)			
ADDRESS			<del></del>
CITY, STATE, ZIP			
PHONE NUMBERS:	HOME	CELL	
	WORK		
EMAIL ADDRESS			
BREED(S) OF DOGS	CURRENTLY OWNED		
WHY DO YOU WANT	TO JOIN THE EVANSVILLE	E OBEDIENCE CLUB, INC.	
Membership Require	ments (Applicant(s) must me	eet one of the following requiremer	nts)
1. One leg towards a	CD title. Name of dog		Date & Trial
		ppy, Beginner 1, Beginner 2, Atter the dates of your class sessions.	ntion.
ments for membership	applicants. I understand the	hip Committee because I/we do no at upon approval by the Membersh he committee for reading at the ne	
MEMBERSHIP DUES Junior (13-18 year	ENCLOSED (Please checkers of age) \$25.00	one) Associate, \$25.00	
Single, \$40.00	embers to be included in Far	Family, \$50.00	
	, and that he or she hereby a	this document is correct; that he o	
SIGNATURE OF APPI	LICANT	of the Francisco Co. Co.	DATE
		of the Evansville Obedience Cl	up, inc.
Signature of Endorse	er #1		Date
Signature of Endorse	er #2		Date

## WAIVER AND RELEASE OF LIABILITY FROM ALL CLAIMS

ACKNOWLEDGMENT: I, the undersigned, acknowledge that I understand that there may be significant elements of risk associated with the activity of dog training. Such risks may include equipment failures, falls due to building or grounds conditions, or the negligence of instructors, fellow students, or other users of the building. I acknowledge that the above list is not inclusive of all possible risks associated with dog training or the use of the facilities of The Evansville Obedience Club, Inc. (hereinafter "EOC") and that other unknown and unanticipated risks may result in injury.

RELEASE AND ASSUMPTION OF RISK: In consideration of being permitted to use the facilities of EOC, and mindful of the significant risks involved with the activities incidental therefore. I. for myself, my heirs, administrators and assigns, release, remise and discharge EOC and its officers, directors, agents, servants, volunteers and employees in the stated activities of and from any and all liability for injury that may result from my use of the facilities of EOC, and I do hereby waive and relinquish any and all actions or causes of action for personal injury, property damage or wrongful death occurring to myself or those persons for whom I am legally responsible (including but not limited to my children) arising as a result of the use of the facilities of EOC, participation in EOC activities or functions, or of any activities incidental thereto wherever or however such personal injury, property damage or wrongful death may occur, whether foreseen or unforeseen, and for whatever period said activities shall continue. I agree that under no circumstances will I, my heirs, my estate or my personal representative present any claim for personal injury, property damage, or wrongful death against EOC and its officers, directors, agents, servants, volunteers and employees for any of said causes of action, whether said causes of action shall arise by the negligence or any person or otherwise.

IT IS THE INTENTION OF THE UNDERSIGNED INDIVIDUAL TO EXEMPT AND RELEIVE EOC AND ITS OF-FICERS, DIRECTORS, AGENTS, SERVANTS, VOLUNTEERS AND EMPLOYEES FROM LIABILITY FOR ANY PER-SONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSE BY NEGLIGENCE.

This contract shall be legally binding upon me, my heirs, my estate, and my personal representative, as well as upon any and all other persons authorized by me to act for me or on behalf of my heirs, my estate or my personal representative.

I. THE UNDERSIGNED. ACKNOWLEDGE THAT I HAVE CAREFULLY READ THE ABOVE RELEASE OF LI-ABILITY AND FULLY UNDERSTAND ITS TERMS AND CONDITIONS. I UNDERSTAND THAT BY SIGNING THIS RE-LEASE OF LIABILITY I AM KNOWINGLY AND WILLINGLY AGREEING TO RELEASE EOC AND ITS OFFICERS, DI-RECTORS, AGENTS, SERVANTS, VOLUNTEERS, AND EMPLOYES OF THEIR LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH CAUSE BY THE NEGLIGENCE OF ANY PERSON OR OTHERWISE.

## THE UNDERSIGNED HAS READ THE FOREGOING RELEASE AND FULLY UNDERSTANDS IT.

Signature:	Date
Signature should be that of parent or guardian	if applicant is under 18 years of age
***********	********************
Membership Rights and Privileges	
Associate Member has the following rights an	d privileges -
Attending meetings	
2. Participating in inter-club matches.	
<ol><li>Attending club social function.</li></ol>	
An Associate Member does not have the follow	ving rights and privileges—
Reduced price of training classes	
2. Voting rights	

3. Year end awards

An Associate Member must be in good standing with AKC but does not have to complete any requirements for membership. Associate Members may not hold office.

Active Single or Family Member. In order to obtain club benefits, each year an Active member must attend at least four of the regularly scheduled meetings, work at one or more club functions (such as committees or classes, etc), and work at 50% of the trials not held in the club's building.

The benefits included are -

- Reduced price of training classes
- Year-end awards

3. '	ing	

3. Voting rights	**************	******	******	******
Date & Amount Dues Paid _	Dates of Meetings a	ttended 1	2	
Date Application read	Date Application Voted on	Accepted	Rejected	