

**CONTACT ZONIES, LTD.
NEW MEMBERSHIP FORM**

For people who have never held a
Membership with Contact Zonies, Ltd.



Name _____
 Address _____

 City _____ State _____ Zip _____

Interested in becoming a member of **CONTACT ZONIES**? Membership dues are based on a training year, September 1st through August 31st. Please select the type of Membership you would like to apply for and return this form along with the appropriate payment. Your membership will expire on **August 31**

Family Membership (\$25.00)

Please list names of family members and ages of minors

Individual Membership (\$15.00)

Please list dog's names and breeds:

Please list your contact information below:

Home Telephone:
 Work Telephone:
 Cell Phone:
 Email Address:

I give Contact Zonies, Ltd permission to publish my name, address, phone # and email Address for Board Members, Teachers, and Club Members. Yes _____ No _____

Make checks payable to **Contact Zonies, Ltd.** Mail the completed form and payment to:

**Allyson Kaiser
 9933 E. Happy Valley Rd. #3
 Scottsdale, AZ 85255**

I would like to become a member of the Contact Zonies, Ltd. Agility Club. I agree to abide by the rules of the Club and those of the United States Dog Agility Association.

Signature _____ Date _____

FOR CLUB USE	NAME _____
Membership Type	F I
Amount Paid \$	_____
Date Paid	_____
Dues Current Through	_____
Data entered by	_____
Date Data Entered	_____

CONTACT ZONIES, LTD.
STATEMENT OF RESPONSIBILITY & WAIVER OF LIABILITY

I understand that agility training is an activity that is held at a designated training site in the presence of other dogs and their owners. I also understand that the participation of my dog and myself in the agility training will require physical activity on my part and on the part of my dog. I also understand that this activity will involve running, jumping, and use of obstacles such as scaffolding, tunnels, teeter totter, scaling planks, obedience, wing or other jumps, and rubber tires which could result in injury to myself, to my dog, or others.

I represent that I am in good health, and my dog is in good health, and we are both in adequate physical condition to participate in the sport of agility. I further represent that my dog is friendly and not a hazard to other persons or dogs; that I will examine the equipment provided for the class, along with the premises, prior to permitting my dog to engage in agility activities; and that I will participate at my own risk and that I will not hold Contact Zonies, Ltd., agility club, its board of directors, the agility instruction staff, the owners of the training site or any and all persons or entities associated with Contact Zonies, Ltd., agility club, liable for any loss, injury, illness, expense or other hardship that may arise in connection with my participation and/or my dog's participation in this activity. I further agree to assume full responsibility and liability for any and all injury or damage caused in any way by my dog(s) or myself.

Print your name here: _____

Signature of owner: _____

Signature of guardian if handler is a minor: _____

(A responsible adult must accompany minors during class)

Date of signature: _____

STATEMENT OF RESPONSIBILITY AND WAIVER OF LIABILITY is valid from date of signature to **August 31, 2010.**