

# CONTACT ZONIES DOG AGILITY CLUB, LTD.

## MEMBERSHIP FORM: 2026-27

### Welcome New and Returning Members!

Membership dues are based on a training calendar year (September 1st through August 31st) and not pro-rated. All memberships expire on August 31st regardless of when the member joined.

Membership is required to participate in Zonies training classes, to rent the Contact Zonies field and participate in our fun runs.(must be 15 years or older to take classes).

Contact Zonies is a non-profit club governed by volunteer officers elected annually by the membership.

Contact Zonies is a licensed dog agility club by the United States Dog Agility Association (USDAA).

Individual memberships are for one person. Family memberships are for all persons residing at the same residence.

NOTE: Contact Zonies does not publish or release membership information. All information is used for communication and class notification purposes only. Please contact the Membership Director at [zoniesmembership@gmail.com](mailto:zoniesmembership@gmail.com) with any updates. Contact Zonies uses email as a primary form of communication with club members but we also have a Facebook page.called Contact Zonies Dog Agility.

- Membership Request:**
- New Member (Welcome to Zonies!)
- Continuing Member Renewal (member in previous year)
- \*\*\*My information is all the same as the prior year (no changes)\*\*\***
- Returning Member Renewal (membership lapsed)

Primary Member Full Name

Mailing Address

Primary Email

Primary Phone

- Membership Type:**
- Individual Membership (\$35/year)
- Family Membership (\$40/year)

List names of family members and ages of minors

Names and breeds of dogs:

**Renewing Members:** If any of your dogs have crossed the Rainbow Bridge, please list their names below so we can update our records. We are so sorry for the loss of your partner(s).

Rainbow Bridge Dogs:

## WAIVER and RELEASE

I understand that dog agility is an activity that contains inherent risks, including injury, death, and property damage to myself, my dogs or others; and represent that I am hereby voluntarily engaging in this dog agility event and any associated activities with full knowledge of the risks of injury, death, and property damage that may result from my participation in this event. I understand that the current Covid-19 pandemic adds additional risk to attending classes and events. I am willing to accept the responsibility and risks involved in attending classes and/or events during this period of time. There is no end date at this time.

By my signature below, I hereby waive and release Contact Zonies Dog Agility Club, Ltd., Melrose Swim Club, its officers, board of directors, representatives, and assigns ("Presenters") of all claims of liability that I could bring or that my representatives, guardians, successors, assigns, heirs and next of kin may have or bring for any claims, damages, demands for personal injury, death, or property damage that they may bring against the Presenters in connection with or arising from participation in classes offered by the Presenter and for which I am hereby registering to participate ("Class") or related to this agreement. I shall bear sole responsibility for any loss.

I further hereby represent that any dogs that I bring to the Class, or to the facility where the Class is conducted, are not aggressive towards people or other dogs; and that I understand that I alone am responsible for the behavior of my dogs and that if any of my dogs behaves in an out-of-control manner, either on- or off-leash, and creates an unnecessary or unusual disturbance or engages in unsafe or disruptive behavior, the Presenters may determine, at their sole discretion, to excuse me and my dogs from the facility and the Class with no obligation to return any fees paid by me.

If participant is a minor (only minors between the ages of 15 and 18 may participate in Class), the minor must be accompanied to the Class by a parent or adult authorized to make decisions on behalf of the minor. The parent or accompanying adult is signing this Release and Waiver on behalf of the minor.

I acknowledge that I have carefully read this waiver and release, understand its contents, and understand that my participation in this activity and Class includes an assumption of risk on my part. I further understand that the Presenters are materially relying on this waiver in allowing me to participate in this dog agility Class or activity.

By signing this form, I would like to become a member, or renew my membership, with Contact Zonies Dog Agility Club, Ltd. I agree to abide by the Club rules and those of the United States Dog Agility Association (USDAA.com)

Primary Member Signature

Date

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**\*\*\*If paying by check – Please make checks payable to "Contact Zonies" and mail the completed membership form and payment to: Carol Urban, 8102 E. Krail St., Scottsdale, AZ 85250\*\*\***

**NOTE:** The attached waiver for Melrose Swim Club (Zonies landlord) must also be signed and returned with this form).

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### FOR CLUB USE ONLY:

Received Date: Amount

Paid:

Check #:

**MELROSE PARADISE RECREATION CLUB RETURN TO FACILITY WAIVER**

In consideration of being allowed to participate in any way at the MELROSE PARADISE RECREATION CLUB facility/athletics/sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury and/or illness from the activities involved in the program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist;
2. The risk to have contact with individuals, who have been exposed to and/or have been diagnosed with one or more communicable diseases, including but not limited to COVID-19 or other medical conditions, diseases, or maladies does exist, and it is impossible to eliminate the risk that I could be exposed to and/or become infected through contact with or close proximity with an individual with a communicable disease;
3. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume all full responsibility for my participation;
4. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and
5. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS THE MELROSE PARADISE RECREATION CLUB their board of directors, officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of the premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
6. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, BEFORE ACKNOWLEDGING AND INITIALING THE BOX BELOW, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY AGREEING TO IT ON MY OWN BEHALF OR ON BEHALF OF THE YOUTH PARTICIPANT ASSOCIATED WITH THIS GUARDIAN ACCOUNT, AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

**ACKNOWLEDGEMENT BY ADULT PARTICIPANT:** By acknowledging and agreeing to initial the box below, I agree and verify the following: 1) I consent and agree to assume the risks of participation in these programs; and 2) that I specifically agree to the release as provided herein of all the Releasees, and, for myself, my heirs, assigns and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my involvement or participation in these programs EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

**ACKNOWLEDGMENT BY PARENTS AND/OR LEGAL GUARDIANS OF YOUTH PARTICIPANTS:** By acknowledging and agreeing to initial the box below, I agree to and verify the following: 1) I am the parent or legal guardian for the youth participant associated with this guardian account, 2) that the date of birth of the youth participant associated with this guardian account is correct, 3) that as parent/legal guardian with legal responsibility for this youth participant, I consent and agree to assume the risks of his/her participation in these programs; and 4) that I specifically agree to his/her release as provided herein of all the Releasees, and, for myself, my heirs, assigns and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to this youth participant's involvement or participation in these programs as provided above EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

Acknowledge and Initial

List Family Members covered under this waiver

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Print Name, Date

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Signature