

2015 Indy Dog & Disc Club Membership Form

Type of membership:

(Please check one)

- Individual with one dog
- Individual with multiple dogs
- Family with one dog
- Family with multiple dogs

Price:

\$20.00
\$25.00
\$25.00
\$30.00

Total: _____

Today's Date: _____

The membership form is in two parts which includes a waiver on page 2. It is mandatory that you sign the waiver.

Handler Information: PLEASE PRINT

Name/s: _____

Address: _____

Phone: _____

Please include all applicants'

Emails: _____

Dog/s Information: PLEASE PRINT (Please use another sheet if necessary)

Dog's Name	Breed	Rabies tag # and Exp.
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Dog's Name	Breed	Rabies tag # and Exp.
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Dog's Name	Breed	Rabies tag # and Exp.
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Dog's Name	Breed	Rabies tag # and Exp.
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See page 2 for Waiver

Release and Waiver of Liability

In consideration of my entry into any Indy Dog & Disc Club events, I, the undersigned, intending to be legally bound, do hereby for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages which I may have against the community where this event is held, the Indy Dog & Disc Club, their representatives, successors, employees, assignees and/or sponsors for any and all injuries or illnesses suffered by me or my dog(s) as a result of my participation in the said event. I attest and verify that my dog is physically fit for this competition, and hereby assume the risk of any canine disease which may be contracted in the said event. I agree to assume all financial and legal responsibility for any bodily injury or property damage caused by dog(s) that are owned by me or under my care at the said event. By my signature I also grant full permission to the Indy Dog & Disc Club and its assignees to use any photographs, videotapes, motion pictures, recordings or any record of the event held by Indy Dog & Disc Club for any purpose whatsoever. I, the undersigned, agree to abide by the club's bylaws.

Print Name: _____

Signature: _____
(Parent or guardian if under age 18)

Date: _____

Print Name: _____

Signature: _____
(Parent or guardian if under age 18)

Date: _____

Please make checks payable to: **Indy Dog & Disc Club**

Please mail payments to:

**Membership Director
Indy Dog & Disc Club
5990 E. 71st Street, Suite G
Indianapolis, IN 46220**