

## Evansville Obedience Club, Inc. Membership Application

NAME(S)					
ADDRESS					
CITY, STATE, ZIP					
PHONE NUMBERS:	CELL		HOME		
	WORK				
EMAIL ADDRESS					
BREED(S) OF DOGS	YOU CURRENTLY C	DWN:			
WHY DO YOU WANT	TO JOIN THE EVAN	SVILLE OBEDIEN	NCE CLUB, INC.?		
Membership Require	ements (Applicant(s) r	must meet one of	the following requirement	nts)	
1. One leg towards a	CD title. Name of do	g	Date	e & Trial	
2. Complete one clas	s beyond the beginnir	ng level at Evansv	ville Obedience Club. (Pu	uppy or Beginner I clas	s could be the first class.)
	ts. I understand that u	pon approval by t	he Membership Commit		above requirements for ong with the correct dues,
MEMBERSHIP DUES Junior (13-18 yea Single, \$40.00 List names of family n	rs of age), \$25.00 _		Associate, \$25.00 Household Member lembership.	ship, \$50.00	
			nent is correct; that he o ne Bylaws, Constitution,		
SIGNATURE OF APP	LICANT		DATE	<u> </u>	
OCCUPATION / FIELI	D OF WORK / AREAS	S OF EXPERTISE			
Endorsement of two	members in good s	tanding with the	Evansville Obedience	Club, Inc.	
Signature of Endors	er #1			_ Date	
Signature of Endors	er #2			Date	

(Continued on reverse side.)

## 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 of any person or otherwise.

IT IS THE INTENTION OF THE UNDERSIGNED INDIVIDUAL TO EXEMPT AND RELIEVE EOC AND ITS OFFICERS, DIRECTORS, AGENTS, SERVANTS, VOLUNTEERS AND EMPLOYEES FROM LIABILITY FOR ANY PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH CAUSED 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 LIABILITY AND FULLY UNDERSTAND ITS TERMS AND CONDITIONS. I UNDERSTAND THAT BY SIGNING THIS RELEASE OF LIABILITY I AM KNOWINGLY AND WILLINGLY AGREEING TO RELEASE EOC AND ITS OFFICERS, DIRECTORS, AGENTS, SERVANTS, VOLUNTEERS, AND EMPLOYEES OF THEIR LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH CAUSED 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 guardia	an if applicant is under 18 years of	age.
********	*****	***************************************
Membership Rights and Privileges		
An <b>Associate Member</b> has the following right 1. Attending meetings 2. Participating in inter-club matches 3. Attending club social functions An <b>Associate Member</b> <i>does not</i> have the for 1. Reduced price of training classes 2. Voting rights 3. Year-end awards An Associate Member must be in good stand Associate Members may not hold office.	bllowing rights and privileges:	complete any requirements for membership.
	ve Member must attend at least 4 c	efits (code to the door, access to building, crate in of the regularly scheduled meetings and must
Date & Amount Dues Paid	Dates of Meetings Attended 1.	2

Date Application Read \_\_\_\_\_ Date Application Voted On \_\_\_\_\_ Accepted \_\_\_\_\_ Rejected \_\_\_\_\_