

Sanders County Dog Training Club
Application for Membership

Return form to
SCDTC, PO Box 641, Thompson Falls MT 59873

By signing this application the applicant agrees to abide by club rules and bylaws, and attests that all the information provided on this application is true and correct.

Complete and return form with payment to the the address above or any club officer.

Membership Classification (pick one)

- ☐ Junior Handler, under 18 (\$10 yearly)
☐ Individual Adult, 18 and over (\$25 yearly)
☐ Family, all adults plus children under 18 (\$45 yearly)
☐ Lifetime Membership (\$125 one time fee)

New Member ☐ **Renewal** ☐ please make checks payable to SCDTC

PLEASE PRINT LEGIBLY

Applicant Name _____

E-Mail Address _____

Mailing
Address _____

Phone # Home _____ Cell _____

Additional Names (Family Membership) _____

Sign and date the liability release waiver on page 2

Do you wish to be listed in the club directory?

Are you most interested in:

_____ Agility	_____ Group Dog Walks
_____ Rally / Obedience	_____ Dog Play Get-togethers
_____ Barn Hunt	_____ Other (please describe) _____

Sanders County Dog Training Club

Liability Waiver and Release

I understand that my participation in any dog training classes or events sponsored by Sanders County Dog Training Club (SCDTC), aka Huckleberry Hounds Agility Club of Sanders County, includes an element of risk for me, attending family members, guests and my dog(s), which includes , without limitation, risks of illness, falls, bites and injury through contact with other participants, their dogs, or interior/exterior surroundings of any facility where training takes place. I understand that participation by me, attending family members/guests, and my dog(s) is voluntary and that each person hereby expressly agrees to hold said club and agents harmless from any liability whatsoever resulting from, and injuries or damages sustained as a result of participation in the training, even though such liability may arise out of negligence or carelessness on the part of the persons named in this Waiver and Release. I, and attending family members/guests, individual , and on behalf of their respective heirs, assigns or successors, hereby expressly waive, release and discharge SCDTC and agents from any claims, demands, injuries, damages or causes of action that are in any way related to participation in the training, even though such liability may arise out of negligence or carelessness on the part of the persons named in this Waiver and Release. SCDTC makes no representations, guarantees or promises, implied or expressed, that any training received from its agents will cure a dog of any dangerous propensities. It is fully understood that regardless of the training received by the animal, a dog always possesses the propensity to bite, I hereby agree to indemnify and hold harmless SCDTC and agents from any and all claims, or claims by any member of my family or any other person while on the grounds of any facility where training takes place, the surrounding area thereto, or on my own property or in a public area as a result of any action by any dog, including my own. I affirm and have proof that my dog is current on all vaccinations appropriate for my dog. I agree to abide by all rules presented during the training. I also understand that SCDTC and its agents may use for publicity, pictures of my dog or me for promotional purposes without liability or obligation to me.

Printed Name _____

Signature of Adult or Legal Guardian

(must be 18 or older)

Date _____