



Bay Area Diving Dogs MEMBERSHIP FORM

OWNER/HANDLER INFORMATION

Name _____ Dog Handler _____
Home Address _____ City, _____ State _____ Zip Code _____
Home Phone _____ Cell Phone _____ Email _____

DOG INFORMATION

Dog 1 Call Name: _____ DOB: ____/____/____ Female Male
Breed: _____ Color: _____
Dog 2 Call Name: _____ DOB: ____/____/____ Female Male
Breed: _____ Color: _____

AGREEMENT

I acknowledge my agreement to exempt, release and relieve Bay Area Diving Dogs, it's owners, assistants, employees, volunteers, and students from any and all liability for personal injury, disease, property damage and wrongful death caused by their own negligence or the negligence of any third party.

I acknowledge that the physical activities involved in dog training, interacting with other class/club dogs and/or acting as a handler, helper, observer or spectator in the training area or in its vicinity are hazardous activities. I am voluntarily participating in these activities with knowledge of the risks involved and hereby agree to accept any and all risk of loss, damage, injury, disability and/or death at any time to myself or my dog.

I agree that I will not sue, or otherwise make any claims against Bay Area Diving Dogs, it's owners, assistants, employees, volunteers, and students for injury, loss of damages, and/or my participation in physical activities involved in training or observing in such activities. I hereby agree to indemnify and hold harmless Bay Area Diving Dogs, it's owners, assistants, employees, volunteers, and students from any and all claims by any member of my family or any other person accompanying me at any training session or function or while on the grounds or the surrounding area thereto as a result of any action by any dog, including my own.

I hereby certify that my dog(s) and is current on vaccinations for rabies, distemper, and parvovirus and is free of contagious illness/disease whether internal, external or respiratory.

I will comply with the trainer's instructions given during training sessions to provide a safe training environment and I understand that when attending group class instruction there is a one (1) dog per handler limit. I understand that if I do not follow safety instructions and training methods I may be asked to leave the group class without a refund if I do not follow prescribed safety and training instructions. I hereby agree to abide by all the RULES of the training classes.

- Annual Membership is \$25 per family.
- Members pay \$5 per dog per practice session
- Members receive discounted price on Private Training Sessions \$20 per hour and \$10 per additional dog

Date _____ Signature _____

Please mail completed form to:
Ursula Kinley
BADD
254 Rose Dr.
Milpitas, CA 95035

Note: please make checks payable to Ursula Kinley