

Krazy Kanines Dog Sports Club

REGISTRATION FORM

Name of Owner/Handler * _____

Address * _____

City * _____ Province * _____ Postal Code * _____

Phone * _____ Email * _____

Membership Full membership - \$100 Family membership - \$125

Family members * _____

Name and Breed of Dog(s): *

1. _____ 2. _____

3. _____ 4. _____

I consent to sharing my contact information with other Krazy Kanines Dog Sports Club members: Yes No

WAIVER

In consideration of the acceptance of this application, I (we) agree to hold the Krazy Kanines Dog Sports Club (KK9), the organization which is represents, including its members, offices and employees harmless from any claim for loss or injury may alleged to have been caused directly or indirectly to any person or thing by the act of this dog while in or upon the training premises or grounds or near any entrance thereto, and I (we) personally assume all responsibility and liability for any such claim; and I (we) further agree to hold the aforementioned parties harmless from any claim for loss of this dog by disappearance, theft, death or otherwise and from any claim for damage or injury to the dog whether such loss, disappearance, theft, damage or injury caused or alleged to be caused by the negligence of the aforementioned or by the negligence or any other person or any other cause or causes.

The owner\handler of the dog agrees to take full responsibility for any damage his\her dog causes to another dog, person or property. The owner/handler also agrees to take full responsibility for their dogs, whether on or off leash, on the training premises or at any event.

The annual club membership fee is \$100.00 (January to December); members have voting privileges and can volunteer for positions on the executive on the second year membership.

Please make cheques payable to Krazy Kanines Dog Sports Club.

Once approved, this registration entitles the owner/handler to:

- Use the equipment on the designated training days for the duration of the training season (usually April to end of September) as well as when it is not being used for classes.
- Participate in any Krazy Kanines' events (demos, etc.)

Signature: _____ Date: _____

Mail to: Amy Richard, 961 Charlton Drive, Ottawa, ON K1K 3Z4

* Denotes mandatory fields

Fee Received: \$ _____ Cash Cheque