



**CONTACT ZONIES, LTD.**  
**NEW MEMBERSHIP FORM**  
For people who have never held a  
Membership with Contact Zonies, Ltd.

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Interested in becoming a member of **CONTACT ZONIES**? Membership dues are based on a training year, September 1<sup>st</sup> through August 31<sup>st</sup>. Please select the type of Membership you would like to apply for and return this form along with the appropriate payment. Your membership will expire on **August 31, 2018**

- Family Membership (\$25.00)  Individual Membership (\$20.00)

Please list names of family members and ages of minors  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list dog's names and breeds:  
\_\_\_\_\_  
\_\_\_\_\_

Please list your contact information below:

Home Telephone:  
Work Telephone:  
Cell Phone:  
Email Address:

**I give Contact Zonies, Ltd permission to publish my name, address, phone # and email Address for Board Members, Teachers, and Club Members. Yes \_\_\_\_\_ No \_\_\_\_\_**

Make checks payable to **Contact Zonies, Ltd.** Mail the completed form and payment to:

**Deb Nichols**  
**34130 N 10<sup>th</sup> St**  
**Phoenix, AZ 85085**

**I would like to become a member of the Contact Zonies, Ltd. Agility Club. I agree to abide by the rules of the Club and those of the United States Dog Agility Association.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

FOR CLUB USE	NAME	_____
Membership Type	F	I
Amount Paid \$	_____	Dues Current Through _____
Date Paid	_____	Data entered by _____
		Date Data Entered _____

# Contact Zonies Agility Club, Ltd.

## WAIVER AND RELEASE

I understand that dog agility is an activity that contains inherent risks, including injury, death and property damage to myself, my dogs or others and represent that I am hereby voluntarily engaging in this dog agility event and any associated activities with full knowledge of the risks of injury, death and property damage that may result from my participation in this event.

By my signature below, I hereby waive and release Contact Zonies Agility Club, Ltd., its officers, board of directors, representatives and assigns ("Presenters") of all claims of liability that I could bring or that my representatives, guardians, successors, assigns, heirs and next of kin may have or bring for any claims, damages, demands for personal injury, death, or property damage that they may bring against the Presenters in connection with or arising from participation in classes offered by the Presenter and for which I am hereby registering to participate ("Class") or related to this agreement. This release includes, without limitation, any personal injury, death or property damage caused by the negligence of the Presenters and their assigns. I acknowledge that in the event of any injury, death or property damage related to my participation in this Class I shall bear sole responsibility for any loss.

I acknowledge that I have carefully read this waiver and release, understand its contents, and understand that my participation in this activity and Class includes an assumption of risk on my part. I further understand that the Presenters are materially relying on this waiver in allowing me to participate in this dog agility Class.

Finally, I hereby represent that any dogs that I bring to the Class or to the facility where the Class is conducted are not aggressive towards people or other dogs and that I understand that I alone am responsible for the behavior of my dogs and that if any of my dogs behaves in an out-of-control manner, creates an unnecessary or unusual disturbance or engages in unsafe or disruptive behavior, the Presenters may determine, in their sole discretion, to excuse me and my dogs from the facility and the Class with no obligation to return any fees paid by me.

If participant is a minor\*, the minor must be accompanied to the Class by a parent or adult authorized to make decisions on behalf of the minor and the accompanying adult is signing this Release and Waiver on behalf of the minor, the minor's parents and the accompanying adult.

Signature: \_\_\_\_\_  
(Accompanying Adult must sign for Minor)

Date: \_\_\_\_\_

Participant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

\*Only minors between the ages of 15 and 18 may participate in the dog agility classes.

**STATEMENT OF RESPONSIBILITY AND WAIVER OF LIABILITY is valid from date of signature to August 31, 2018.**