



MEMBERSHIP FORM

	Provisional	Regular	Family
New Membership	\$25.00	\$30.00	\$30.00
Renewal Membership	\$25.00	\$30.00	\$30.00

MEMBER INFORMATION

Name: _____
 Additional Family Member(s): _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: () _____ Work Phone: () _____
 Fax: () _____ E-mail: _____

DOG INFORMATION

1ST Dog's Call Name: _____ DOB: _____ Male Female
 Breed: _____ Height at withers: _____ inches
 Does this dog have previous flyball experience? Yes No Level: _____
 Flyball Titles: _____
 Other Titles: _____

2nd Dog's Call Name: _____ DOB: _____ Male Female
 Breed: _____ Height at withers: _____ inches
 Does this dog have previous flyball experience? Yes No Level: _____
 Flyball Titles: _____
 Other Titles: _____

ADDITIONAL DOGS: Your membership covers any number of dogs. Attach additional dog info on separate sheet.

What areas would you be interested in assisting in?

<input type="checkbox"/> Making Equipment	<input type="checkbox"/> Graphics Design	<input type="checkbox"/> Event Planning
<input type="checkbox"/> Painting Equipment	<input type="checkbox"/> Web Design	<input type="checkbox"/> Equipment Storage
<input type="checkbox"/> Legal/Medical Services	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Equipment Transport
<input type="checkbox"/> Newsletter	<input type="checkbox"/> Year Book	<input type="checkbox"/> Other

As a member in good standing, I agree to adhere to and uphold the By-laws of this club and to promote good sportsmanship and team spirit while acting as a representative of the team.

Signature: _____ Date: _____

Return with payment to: Checks need to be made out to William P. Carter	Capitol City Comets PMB 300 8175 S. Virginia Street Reno, NV 89511	www.flyballdogs.com/capitolcitycomets capitolcitycomets@hotmail.com
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For Club Use Only **Date Accepted:** _____ **Provisional Anniversary:** _____

Capitol City Comets Flyball Club

Assumption of Risk and Waiver of Liability

- 1. Assumption of Risk. The undersigned is aware of the inherent risks of injury, death, and property** damaged to the undersigned or to his or her dog(s) that are involved in the recreational activity of flyball including, without limitations, risk due to dog bite, the use of flyball equipment, or infectious disease. The undersigned is aware of the risks of injury, death and property damage that may result from, among other causes, the active or passive negligence of Capitol City Comets Flyball Club, its instructors, agents, or members. The undersigned is voluntarily engaged in flyball as a recreational activity with the knowledge of the risks of injury, death, and property damage that may result from participation in dog agility.
- 2. Release of Liability. The undersigned releases Capitol City Comets Flyball Club, its instructors, agents, and members** from all liability to the undersigned and the "undersigned" representatives, guardians, successors, assigns, heirs, and next of kin for all liability, claims, damage, or demands for personal injury, death, or property damage, to the undersigned or the undersigned's dog(s), arising from or related to this agreement. This release includes, without limitation, any personal injury, death, or property damage caused by the active or passive negligence of Capitol City Flyball Club, its instructors, agents, or members. The undersigned bears sole responsibility for any loss.
- 3. Knowing and Voluntary Execution. The undersigned acknowledges that he or she has carefully read** this agreement, understands its contents, and understands that this agreement includes an assumption of risk of Capitol City Comets Flyball Club, its instructors, agents, and member's negligence and release of their liability, and further understands that this is a complete release of liability and a promise not to sue or make a claim. The undersigned acknowledges that this is a contract between the undersigned and Capitol City Comets Flyball Club; and, that Capitol City Flyball Club and its members are materially relying on this waiver in allowing the undersigned to participate in this dog agility event.
4. I also, state my dog(s) is/are not aggressive towards people or other dogs and is current on his/her/their vaccinations. (Please attach copy of vaccination record.)

Signature: _____ Date: _____