

**BEND AGILITY ACTION DOGS, INC (BAAD)
MEMBERSHIP APPLICATION/NEW MEMBER WAIVER**

BAAD is a not-for-profit volunteer organization to promote the sport of dog agility in Central Oregon.

Name(s) _____
Please Print Clearly

Address _____

City _____ State _____ Zip _____

Phone: _____ Email: _____

Name and Age of Dog(s) to be worked on Club equipment _____

Dog's Breed(s) _____ Spayed/Neutered

History and Experience in Agility _____

Membership Applied for: Individual Household *Limited

I (we) understand that volunteering at least 8 hours per year and attending one general meeting is a requirement for club membership. *Limited membership does not require volunteer or meeting requirements.

For your dog's protection and others using BAAD's facilities, BAAD requires your dog to have DHLPP and Bordetella vaccinations or current titers. State Law requires your dog's Rabies vaccination be current.

I agree to abide by the BAAD Bylaws and Rules.

Signature(s) _____ Date _____

Emergency Contact, Name & Phone: _____

Please Print Clearly

Dues Paid:

Individual (One person/One Dog)	\$60	\$ _____
Household (Two People/Two Dogs)	\$85	\$ _____
Limited (Sponsor, No dogs)	\$25	\$ _____
Additional Dogs	\$10 Each	\$ _____
Total Amount Paid		\$ _____

Please write check payable to BAAD. Return signed Application, Waiver and payment to:
BAAD, 21700 Neff Rd., Bend, OR 97701; or leave in the wall mail box in the BAAD arena.

For BAAD use only:

Endorsed by _____ Date _____

Date Received _____ Check # _____ Cash Amount \$ _____

**NEW MEMBER WAIVER
BEND AGILITY ACTION DOGS, INC. (BAAD)**

NAME _____ DATE _____

Please Print Clearly

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

DOGS NAME(S) _____

BREED(S) _____

AGE(S) _____ SEX _____ SPAYED(S) OR NEUTERED (N) _____

IS DOG CURRENT ON ALL VACCINATIONS _____ VACCINE STATUS REPORT _____

HISTORY AND EXPERIENCE IN AGILITY _____

I understand that participation in Bend Agility Action Dogs (BAAD) is not without risk to myself, members of my family or guests who may attend, or my dog, because some of the dogs to which I will be exposed, as well as my own dog(s), may be difficult to control and may be the cause of injury even when handled with the greatest amount of care.

In consideration of and as inducement to the acceptance of my application for participation and/or membership, I hereby waive and release BAAD, its employees, officers, agents, contractors and BAAD members from any and all liability of any nature, for injury or damage which I, my family, any guests which accompany me, or my dog(s) may suffer. Including specifically, but without limitation, any injury or damage resulting from the action of any dog, and I expressly assume the risk of such damage or injury while attending any training session, practice, or any other function of BAAD. or while on the training grounds or the surrounding area.

I shall personally assume all responsibilities and liabilities for any loss or injury which may be alleged to have been caused directly or indirectly to any person or thing by the act of my dog(s) while participating in a BAAD function or while on the training grounds or the surrounding area, including, but not limited to, demonstrations, workshops, seminars, matches and trials.

The owner represents that he/she is the legal owner of said dog(s), and title to said dog(s) is not mortgaged in any way. It is understood that each dog is participating to the extent of that dog's and handler's ability and the ability of any trainer involved. There will be no refunds of BAAD fees and dues. All training will dissipate in the dog(s) unless continually reinforced.

I, as owner of the dog(s), hereby agree to the foregoing.

SIGNED _____ DATE _____

For Household membership, please print and complete Waiver for both family members