



Canine Training Association, Inc. Membership Application

The \$180.00 per year fee for the **Annual Obedience Membership** in the Canine Training Association, Inc. covers all dogs in the home with no charge for any obedience class. For those finishing a Basic or Puppy class or transferring from another training club, the fee is \$90.00 for half of the year or any part thereof, as shown in the table below. The Obedience Membership permits pre-scheduled, private use of the Beltsville obedience building for an hourly fee when there are no events or classes scheduled.

The **Annual Agility Membership** is \$150 (with the same half yearly cost reduction for those joining throughout the year.) Unlike obedience members, agility members pay for each agility class but at a reduced rate. Annual agility membership is open to anyone after completing a CTA agility class or transferring from another approved agility group. The Agility Membership permits pre-scheduled, private use of the agility facility for an hourly fee when there are no events or classes scheduled.

The fee for the **Combined Obedience and Agility Membership** is \$190.00, with reductions as shown below.

The **Associate Membership** fee is \$20 per year. This entitles members to newsletters and notice of the annual awards dinner and picnic, but does not include training classes. The associate membership can be upgraded to the annual obedience or agility membership at any time.

Membership Schedule	Full Year	Prorated
	Jan 1 – Dec 31	Jul 1 – Dec 31
Obedience Membership	\$180	\$90
Agility Membership	\$150	\$75
Combined Membership	\$190	\$95

Membership Type (Please circle one):

Obedience o Agility o Combined o Associate o Instructor (no fee) o

Please print as legibly as possible. Especially phone numbers and email addresses.

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Cell: _____

Email: _____

Check to receive email newsletter

Please mail to: Patricia Hill, Membership Chairperson

P.O. Box 43, Davidsonville, MD 21035 Email: CTAMembership@yahoo.com

RELEASE AND WAIVER OF LIABILITY

I, the undersigned, in exchange for participation in the activities of the Canine Training Association, Inc. (CTA) and use of property, facilities, and services of CTA, agree for myself and, if applicable, for members of my family, to the following:

1. **AGREEMENT TO FOLLOW DIRECTIONS.** I agree to observe and obey all rules and warnings, and further agree to follow any oral instructions or directions given by CTA employees, instructors, representatives, or agents.
2. **ASSUMPTION OF RISKS AND RELEASE.** I recognize that there are certain inherent risks associated with participation in dog training activities. Risks include but are not limited to 1) risk of personal injury; 2) risk of loss of personal property; 3) risk of dog bites, dogfights, or scratches; 4) risk of illness or disease transferred to me or my dog; 5) risk of being knocked-down, chased, or tripped; 6) risk of loss of my dog by disappearance, theft, death, or otherwise; 7) risk of slips and falls and other serious injury; 8) risk of injury resulting from use of CTA equipment, materials, and facilities; and 7) risk of injury from unknown and unexpected occurrences. To the fullest extent permitted by law, I release and discharge the landowner, CTA, its officers, directors, instructors and all other personnel, from injury or loss or damage arising out of my or my family's use of or presence upon CTA's facilities, whether caused by CTA, myself, my family or other third parties.
3. **INDEMNIFICATION.** I agree to indemnify and defend CTA against all claims, causes of action, damages, judgments, costs or expenses, including attorney's fees and other litigation costs, which may in any way arise from my or my family's use of or presence upon the facilities of CTA.
4. **FEES.** I agree to pay for all damage to the facilities and property of CTA caused by negligent, reckless, or willful actions by my family or me.
5. **NO DURESS.** I agree and acknowledge that I am under no duress to sign this Agreement and that I have been given a reasonable opportunity to review this Agreement before signing. I further agree and acknowledge that I am free to have my own legal counsel review this Agreement if I so desire. I further agree and acknowledge that CTA has offered to refund any fees I have paid to use its facilities if I choose not to sign this Agreement.
6. **DISPUTE RESOLUTION.** Any dispute arising from this Agreement shall be settled by arbitration administered by the American Arbitration Association.
7. **APPLICABLE LAW.** This Agreement shall be construed and enforced in accordance with the laws of the state of Maryland.
8. **ARM'S LENGTH AGREEMENT.** This Agreement and each of its terms are the product of an arm's length negotiation between the parties. In the event any ambiguity is found to exist in the interpretation of this Agreement or any of its provisions, the Parties, and each of them, explicitly reject the application of any legal or equitable interpretation which would lead to a construction either "for" or "against" a particular party based upon their status as the drafter of a specific term, language, or provision giving rise to such ambiguity.
9. **SEVERABILITY.** Every provision herein is intended to be severable. If any one or more of the provisions herein is found to be unenforceable or invalid, that shall not affect the other terms and provisions hereof, which shall remain binding and enforceable.
10. **ENTIRE AGREEMENT.** This Agreement constitutes the full and entire understanding and agreement between the parties with regard to the subjects hereof, and supersede all prior agreements, understandings, inducements or conditions, express or implied, oral or written, relating to the subject matter hereof.

I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS.

Signature: _____ Date: _____

Print Name: _____

Signature of Parent or Guardian if Participant is a Minor, and by their signature they, on my behalf, release all claims that both they and I have.

Parent or Guardian: _____ Date: _____

Print Name: _____

Additional household members to be included in membership:

If any member of your household or extended family will be accompanying you onto CTA property, handling your dogs in class or in any way participating in CTA activities, they must also sign the Waiver of Liability. Their signature comprises consent to the terms of the Waiver of Liability above.

Additional Household members:

Name: _____

Phone: _____ Email: _____

Signed: _____ Date: _____

Name: _____

Phone: _____ Email: _____

Signed: _____ Date: _____

Name: _____

Phone: _____ Email: _____

Signed: _____ Date: _____

Dog #1

Name		Breed	
Age	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Altered	<input type="checkbox"/> Neutered <input type="checkbox"/> Spayed

Health Record

Date Inoculated for DHLPP			
Date Inoculated for Rabies	County	Tag/Certificate #	<input type="checkbox"/> 1 Year <input type="checkbox"/> 3 Year

Name of Veterinarian/Animal Hospital		Vet's Phone	
Address	City	State	ZIP

Dog #2

Name		Breed	
Age	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Altered	<input type="checkbox"/> Neutered <input type="checkbox"/> Spayed

Health Record

Date Inoculated for DHLPP			
Date Inoculated for Rabies	County	Tag/Certificate #	<input type="checkbox"/> 1 Year <input type="checkbox"/> 3 Year

Name of Veterinarian/Animal Hospital		Vet's Phone	
Address	City	State	ZIP

Dog #3

Name		Breed	
Age	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Altered	<input type="checkbox"/> Neutered <input type="checkbox"/> Spayed

Health Record

Date Inoculated for DHLPP			
Date Inoculated for Rabies	County	Tag/Certificate #	<input type="checkbox"/> 1 Year <input type="checkbox"/> 3 Year

Name of Veterinarian/Animal Hospital		Vet's Phone	
Address	City	State	ZIP