



Canine Training Association, Inc. Membership Application

Please print as legibly as possible, especially phone numbers and email addresses.

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Cell: _____

Email: _____

Name of Additional Household Member: _____

Phone: _____ Cell: _____

Email: _____

Membership Benefits and Details:

- The fee for our membership package is \$100.00 annually, regardless of when you sign up.
- Membership benefits run from January 1st to December 31st.
- The membership package includes all dogs in your household.
- As a member, you will receive a \$30.00 discount for every class you take. All classes are eligible for the discount. Special events and seminars may not be included.
- As a member, you may rent our training buildings in Beltsville and Davidsonville for private training sessions. Use of the agility building requires prior approval from your instructor and completion of our safety protocol training.
- We will keep you up to date on club business with our quarterly electronic newsletter.
- All members must maintain a hold harmless waiver on file with us.
- All dogs training in our facilities must be up to date on their vaccines. Proof of vaccination must be provided.

Please mail membership application and payment to:

CTA Memberships

Attn: Patricia Hill

P.O. Box 43

Davidsonville, MD 21035

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: _____

AS THE PARENT OR GUARDIAN OF THE MINOR LISTED BELOW, I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS.

Print Minor's Name: _____

Signature of Parent or Guardian: _____ Date: _____

Print Name: _____

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

Signature of Additional Household Member: _____ Date: _____

Print Name: _____

Dog #1

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