

Salinas-Monterey Agility Racing Team (SMART)

Application for Membership

SMART exists to promote the sport of dog agility at all levels with all types of dogs. Join us for fun, companionship, information and USDAA trials. Questions about membership? Check out our website at <http://www.smartagility.com>

Name(s): _____

Mailing address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Email: _____

Include me on SMART yahoo group (meeting minutes, announcements, club info, news) Yes _____ No _____

With whom do you train? _____ Where?: _____

How did you hear about SMART? _____

Is there anything you would like to tell us (other interests/hobbies/pets/skills, expected involvement with SMART)?

Dog information: (membership covers any number of dogs; add extra pages as needed)

1) Name: _____ Breed: _____ Age: _____ M or F Years in training _____

Competing yet? Yes or No. Venue/level? _____

2) Name: _____ Breed: _____ Age: _____ M or F Years in training _____

Competing yet? Yes or No. Venue/level? _____

What other activities do you and your dog(s) enjoy together? _____

Do you belong to any other dog clubs? (please list) _____

Types of membership (please check one):

____ Individual \$20

____ Household \$30 (if separate emails, please list here): _____

By signing below you agree to the following: "I understand that dog sports such as agility are potentially hazardous to me or my dog(s). I hereby assume sole responsibility for and agree to indemnify and hold Salinas-Monterey Agility Racing Team (SMART) and its agents and assignees harmless from any and all loss and expenses (including legal fees) by reason of the liability imposed by law upon any of the aforementioned parties for damage because of bodily injuries, including death, at any time resulting therefrom, sustained by any animal, person or persons, including myself, or on account of damage to property may be caused, and whether or not the same may have been caused or alleged to have been caused by negligence of the aforementioned parties or any other reason. I agree that this release is intended to be as broad and inclusive as permitted by the laws of the state of California; and that, if any portion of it is held invalid, the balance shall continue in full legal force and effect."

Date: _____ Signature: _____

Parent/Guardian's signature if member is under 18: _____

Parent/Guardian's Printed Name: _____

Please make checks payable to SMART and send completed application to:

Derede Arthur
1266 Old Stage Rd.
Salinas, CA 93908