KCDD Membership application:

Individual $20 ❑ Family (couple and or w/children under 18 years of age) $25 ❑

Name:_____
(first) (middle initial) (last)

Street Address:_____

City, State, Zip:_____

Phone:_____ Email:_____

Other family members applying (Please note any individuals under 18 by including their age):

_____

Dog Name:_____ Age:_____ Male____ Female____

Breed:_____Rescue dog?_____

List additional dogs and above information on back of this sheet - Check here if applicable ❑

*****What do you hope to do with your membership? Circle all that apply*
1. Socialize with other members 2. Play with your dog and exercise 3.Compete
4. Get instruction 5. Other_____

*****Would you be willing to help with club activities? Yes ❑ No ❑*

Sign and date the Release and Waiver of Liability below.

RELEASE AND WAIVER OF LIABILITY
In consideration of my entry into any KCDD activities, I, the undersigned, intending to be legally bound, do hereby for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages which I may have against the community or location where their activities are held; the Kansas City Disc Dogs (KCDD) board members and club members; their representatives; successors; employees; assignees and/or sponsors for any and all injuries or illnesses suffered by me or my dog (and I am also responsible for any damage(s) that my family, my dog(s), or I may cause on anyone or any contest property) as a result of my participation in KCDD's said activities. I attest and verify that both myself and my dog are healthy and physically fit for these activities, and my dog is up to date on all vaccinations and registrations and I hereby assume the risk of any canine disease or injury which may be contracted at KCDD's said activities. I understand and agree to accept the KCDD Code of Conduct. By my signature I also grant full permission to the KCDD and their assignees to use any photographs, videotapes, motion pictures, recordings or any record of these activities for any purpose whatsoever.

Signed:_____ Date:_____
Parent's or Guardian's Signature if under 18:

Below for club use only
*Paid by: Check # and amount*_____ *Cash amount*_____*Web*_____ *EC initials*_____