



Schenectady Dog Training Club

The undersigned (print name) _____

represents that she/he is a member of the Schenectady Dog Training Club, Inc. group and will be performing at the Gower Road facility in Schenectady, New York during the year 2007.

It is recognized that performance as a SDTC member has certain risks for injury to that member and/or dog, and the undersigned participant agrees to accept the risk of personal injury associated with such participation. In consideration of such either in performances or at practices or any other club event, Schenectady Dog Training Club, Inc. will provide medical insurance for up to \$5000.00 in coverage to cover any physical injuries suffered by participants in these events.

In light of the foregoing, the undersigned participant and parent waives any right to recovery of damages for direct, actual or consequential injuries relating to the aforesaid participation.

Date _____

Participant Acceptance (signature) _____

Participant Age (if under 18) _____ Phone Number _____

Parent of Participant Acceptance (signature) _____

Address _____

