

# 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 \$25

Household \$35 (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 there from, 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:

Vici Whisner  
1311o Colony Ave  
San Martin, CA 95046