

Total Recall

Keystone Canine Club
Membership Renewal Form
July 2010 – June 2011

Name(s) _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Dog's Name: _____ Breed: _____

Dog's Name: _____ Breed: _____

(Please attach a separate sheet for additional dogs, if necessary.)

How would you like to help out at the Club? _____

I/we agree to abide by the Constitution and By-laws of the Keystone Canine Club. Also, I/we agree with the Liability Waiver below.

LIABILITY WAIVER

I hereby certify that the Keystone Canine Training Club (KCTC), its events, and its staff, and any location or referring organization, and/or other participants, will not be liable for any damage or loss resulting from failure of my dog to respond to any signals, commands, or cues taught during the course of instruction or resulting from counseling, instruction, or advice supplied to me. My dog's behavior now and in the future is solely my responsibility. Should any behavior of my dog now or in the future result in damage to property, owner, or persons of some third party, I agree to assume full responsibility and liability to such third party for any and all such damage, and to indemnify and hold harmless KCTC and its staff from all obligations to pay such damage to some third party. All dogs are trained by KCTC without any liability whatsoever on KCTC for loss or damage from disease, death, running away, theft, fire, injury to persons, other dogs, other animals, or property by said dog, or other unavoidable causes. In consideration of KCTC permitting us to participate in KCTC classes and events, and for other goods and valuable consideration, I hereby release, indemnify and forever hold harmless KCTC from any liabilities, losses, costs, expenses, and damages or injuries whatsoever, which my dog or I may incur or sustain in connection with a KCTC class or event. I also agree that any damage caused by my dog shall be my responsibility and not the responsibility of KCTC.

_____ (Please sign here)

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Please mail this form, along with your check and a **copy of your dog's vaccination records** to:

Marian Roznowski,
1849 Fallowfield Ave.,
Pittsburgh, PA 15216