

# Appalachian Air Canines

## Membership Application

**2009 Membership Dues: \$25 single; \$40 family\***



We, the Appalachian Air Canines and our humans, commit ourselves to fulfilling the social needs of our club members through disc-dog sports, education, and playtime opportunities. We share a concern for the well being of each club member, which we promote through positive reinforcement. A focus on friendly, fun activities is our prime directive. **Visit us at [www.aircanines.com](http://www.aircanines.com).**

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ Apartment: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Additional Adult Members: \_\_\_\_\_

Please fill this dot if you do not wish to be included in the membership directory: ☐

**\*Single members get one vote in club elections. Families get two. Adult is defined as 18 or older.**

Dogs Name: \_\_\_\_\_ Age: \_\_\_\_\_ Breed: \_\_\_\_\_

Rabies Vaccination Date: \_\_\_\_\_ County/State: \_\_\_\_\_

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Rabies Vaccination Date: \_\_\_\_\_ County/State: \_\_\_\_\_

### Release and Waiver of Liability

**This release must be signed by anyone intending on participating in an Appalachian Air Canines event.**

For and in consideration of my participation in any Appalachian Air Canines event, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, 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 or injuries arising out of, or in any way related to, my participation in the event, which I may have against the Appalachian Air Canines and the administrator and owner of the facility hosting the event, together with the contractors, agents, employees and representatives of both parties. I certify that my canine and I are healthy and fit to compete, and hereby assume the risk of any canine disease which may be contracted during the event. I grant full permission to the Appalachian Air Canines and its assignees to use any photographs, videotapes, motion pictures, recordings or any record of any event held by Appalachian Air Canines for any purpose whatsoever.

The Appalachian Air Canines reserves the right to refuse or terminate the membership of individuals who do not support the club's mission or bylaws.

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Parent/Guardian (if under 18): \_\_\_\_\_

**Please attach a copy of your dog(s) rabies certificates and a check for \$25.00 or \$40.00 and send it to: Appalachian Air Canines, 4356 Beaumont Road, Dover, PA 17315-3406.**