



Date Payment Received: \_\_\_\_\_

Cash/Check Number: \_\_\_\_\_

## PALS AND PAWS DOG AGILITY CLUB 2021 MEMBERSHIP RENEWAL

Annual dues are payable on or before **January 31st** each year. Please complete this form and return to the address below. Make checks payable to Pals and Paws Agility Club.

**INDIVIDUAL MEMBERSHIP IS \$60 A YEAR AND A FAMILY MEMBERSHIP IS \$80 A YEAR.**

Mail the completed form and check payable to:

**Pals & Paws Agility Club  
c/o Anna Marie Burke  
1228 2nd Ave. N  
Jacksonville Beach, FL 32250**

Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

If a family membership other family members: \_\_\_\_\_

Dog's Names and Breed: \_\_\_\_\_

You will be notified by email of the new combination when we receive your check and or/coupons and or/cash and completed signed forms. **Please let us know if anything has changed, such as email and phone numbers.** If you do not have a printer to print out and fill out this form, contact Anna Marie Burke and she will mail you a hard copy. **Thank you for your continued support!**

### IMPORTANT! PLEASE READ AND SIGN.

I assume the risk of any injury resulting to myself or my dog while on the property belonging to Pals & Paws Dog Agility Club, Inc. or property adjacent to the club. I hereby indemnify and agree to hold harmless Pals & Paws Dog Agility Club, Inc. against any claims for liability for damage to persons or property of others by me or my dog while on the training area or parking area by said club or property adjacent thereto. I agree not to bring onto the Pals & Paws Dog Agility Club, Inc. property an overly disruptive dog or a dog that poses a danger to other dogs or people, and will immediately remove such dog if asked to do so by a representative of Pals & Paws Dog Agility Club, Inc.

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

Signature Family: \_\_\_\_\_ Date: \_\_\_\_\_



## **PALS AND PAWS DOG AGILITY CLUB COVID-19 WAIVER OF LIABILITY & INFORMED CONSENT**

An inherent risk of exposure to COVID-19 exists in any public place where people are present. COVID-19 is an extremely contagious disease that can lead to severe illness and death. By visiting this facility, you voluntarily assume all risks related to exposure to COVID-19.

By signing this waiver I fully attest to the best of my knowledge that I do not have COVID-19 at the time of attending this class, ring rental, event, or visiting the property for any reason. Nor have I been in contact with or exposed to any known carrier of COVID-19 within the last 15 days.

I agree that I am visiting the Pals & Paws Dog Agility Club, Inc. class, ring rental, event or for any other reason entirely at my own risk and take full responsibility for my own health and safety during this attendance. I will follow all Pals & Paws Dog Agility Club, Inc. rules and requirements to reduce any exposure and possibility of contracting or spreading the virus. I will also fully cooperate with any City, County or State guidelines applicable to the area where the class, ring rental, or event is taking place. I ALSO AGREE THAT IF I TEST POSITIVE FOR COVID-19 IN THE FUTURE I WILL INFORM PALS & PAWS DOG AGILITY CLUB, INC. BY EMAILING THE CLUB OF MY POSITIVE TEST RESULT.

I agree that the Pals & Paws Dog Agility Club, Inc., as well as its Board Members, Training Directors, instructors, assistants and volunteers, are in no way liable for any present or future COVID-19 exposure incurred at any time by any person, in attendance or not in attendance, before, during or after this class, ring rental, event, or any visit to these premises. I hereby waive any legal claims against the aforementioned organization and individuals, including any claims for negligence, failure to warn, or any other claims for damages or personal injury. Any exposure to COVID-19 involving myself, the location other participants or spectators, or animals on the premises will be my sole responsibility. I assume all financial liability for myself, and I will pay any financial costs associated with my actions.

**I have read and agree to the above statement.**

**Print First and Last Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature Family:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**By submitting this document, I agree to all the terms stated herein.**