

SDTC

Schenectady Dog Training Club

The undersigned (print name) _____ represents that she/he is a participant at the Schenectady Dog Training Club, Inc. and will be performing at the Gower Road facility in Scotia, New York in the year 2019.

It is recognized that performance as a SDTC member/participant has certain risks for injury to that member/participant and/or dog and the undersigned member/ 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 member/ participants in these events.

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

Date _____

Member/Participant acceptance (signature) _____

Participant age (if under 18) _____

Parent of Participant Acceptance (signature) _____

Address _____
