

SDTC
Schenectady Dog Training Club
General Waiver

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The undersigned (print name)

represents that she/he is a member of the Schenectady Dog Training Club, Inc. and will be performing at the Gower Road facility in Scotia, New York.

It is recognized that performance as a SDTC member has certain risks for injury to that member and/or dog and the undersigned participant agrees to accept the risk of personal injury associated with such participation. In consideration of such either in performance 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 participants in these events.

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

I understand that this Waiver will remain in effect as long as I remain a club member in good standing or choose to revoke said waiver in writing.

Date _____

Participant acceptance (signature)

Participant age (if under 18)

Parent of Participant Acceptance (signature)

Address _____

Email _____

Phone _____

