

**Schenectady Dog Training Club, Inc. (SDTC)
General Waiver 2024**

I, _____, represent that I
(Print Name)

am a member of the Schenectady Dog Training Club, Inc., (SDTC) and will be performing at the facility located at 823 Gower Road 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/or family member, 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. (SDTC), may provide medical insurance not to exceed \$5,000.00 in coverage to cover any physical injuries suffered by participants, and/or dogs, and/or family members performing in these events.

In light of that forgoing, the undersigned participant and parent (if participant is under the age of 18 years) 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)

I am over 18 years of age

Parent of Participant Acceptance (signature required if Participant is under 18 years of age)

Address: _____

Email: _____

Phone: _____