

## SCENT WORK CLUB OF BREVARD COUNTY, INC. MEMBERSHIP ANNUAL RENEWAL FORM

### PERSONAL INFORMATION

NAME:		
ADDRESS:		
CITY:	STATE:	ZIP CODE:
DAYTIME PHONE:	EVENING PHONE:	
EMAIL ADDRESS:		
OCCUPATION:		

### CANINE INFORMATION

1. NAME:	AGE:	BREED:	M N F S
2. NAME:	AGE:	BREED:	M N F S
3. NAME:	AGE:	BREED:	M N F S
4. NAME:	AGE:	BREED:	M N F S
5. NAME:	AGE:	BREED:	M N F S

### VOLUNTEER OPPORTUNITIES

CHECK THE AREAS YOU WOULD LIKE TO VOLUNTEER

<input type="checkbox"/> FUNDRAISING	<input type="checkbox"/> NEWSFLASH FOR WEBSITE	<input type="checkbox"/> ADVERTISING
<input type="checkbox"/> EQUIPMENT REPAIR	<input type="checkbox"/> ASSISTING INSTRUCTOR	<input type="checkbox"/> EVENT VOLUNTEER
<input type="checkbox"/> MATCHES	<input type="checkbox"/> FACILITY MAINTENANCE	<input type="checkbox"/> REGISTRATION
<input type="checkbox"/> INSTRUCTOR	<input type="checkbox"/> TRASH REMOVAL NIGHTLY	<input type="checkbox"/> EVENT CALENDAR
<input type="checkbox"/> 1ST NIGHT REGISTRATION	<input type="checkbox"/> WEBSITE	<input type="checkbox"/> FILING
<input type="checkbox"/> FACILITY CLEANING	<input type="checkbox"/> DATABASE	<input type="checkbox"/> WINDOWS
<input type="checkbox"/> OTHER DESCRIBE: _____		

I, THE UNDERSIGNED, HEREBY ASSUME ALL RISKS OF, AND RESPONSIBILITY FOR, ACCIDENTS AND DAMAGE, EITHER TO MYSELF OR TO MY PROPERTY OR TO OTHERS, RESULTING FROM ACTIONS OF MY DOG, AND EXPRESSLY AGREES THAT NO MEMBER OR INSTRUCTOR OF SCENT WORK CLUB OF BREVARD COUNTY, CANINE STAR TRAINING ACADEMY INCLUDING THE LANDLORD OF THE TRAINING FACILITY "THE RAYNA S. HOWSE IRREVOCALBE TRUST" SHALL BE HELD PERSONALLY OR COLLECTIVELY RESPONSIBLE UNDER ANY CIRCUMSTANCES, FOR INJURY TO MY PROPERTY DUE TO THE BEHAVIOR OF OTHER DOGS, OR THE NEGLIGENCE IN ANY MANNER BY STUDENTS, OR MEMBER OR INSTRUTOR OF, CANINE STAR TRAINING ACADEMY. THE UNDERSIGNED AGREES TO ABIDE BY ALL RULES AND REGULATIONS STIPULATED AT SCENT WORK CLUB OF BREVARD COUNTY AND CANINE STAR TRAINING ACADEMY. IT IS MY INTENTION IN JOINING, TO RECEIVE INSTRUCTION IN DOG TRAINING.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESS: \_\_\_\_\_ DATE: \_\_\_\_\_

