



# IRISH AGILITY & DOG SPORTS ASSOCIATION

## RENEWAL Membership Form 2020

Post completed form and annual fees to – Niamh Ashmore,  
58 Westbrook Green, Balbriggan, Co Dublin  
OR e-mail to [membership.iadsa@gmail.com](mailto:membership.iadsa@gmail.com)

Membership of IADSA is open to persons who wish to participate as dog handlers in fun days and competitions and persons who have an interest in dog sports but do not wish to participate as a handler. All persons aged under 18 years who wish to become a member of IADSA must also have a parent/guardian who is a member. Mobile phone and e-mail details for under 18's should only be provided to IADSA with the permission of the parent/guardian. **\*\*The Waiver on page 3 MUST be signed for application to be accepted - please see accepted ways to sign on following Waiver on Page 3\*\***

### MEMBERSHIP DETAILS

**\*\*Please note that all memberships require at least one member to be over 18 years old on 1st Jan of Renewal year\*\***

Select	Membership Type	Cost
	Single Membership <i>(one person only)</i>	€15
	Joint Membership <i>(two persons from the same household)</i>	€20
	Family Membership <i>(three or more persons from the same household)</i>	€30
<b>Payment Method</b>	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque
	<input type="checkbox"/> Postal Order/Bank Draft	<input type="checkbox"/> Paypal*

*\*If paypal is selected, go to this link to submit payment: [www.paypal.me/IADSA](http://www.paypal.me/IADSA). Cheques paid Payable to: IADSA*

<b>Name</b>	
<b>Address (if changing)</b>	

### MEMBERSHIP DETAILS

**\*\*Main member must be over 18 years on 1 January)**

<b>Current Membership No</b>	
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**\*Please confirm the following details**

<b>Contact No*</b>		<b>e-mail*</b>	
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**Change in MEMBERS DETAILS - please fill in ONLY if different to last year**

<b>Name</b>		<b>Handler?</b>	Yes	No
<b>Date of Birth</b> <i>(if under 18 years on 1 Jan)</i>				
<b>e-mail</b>		<b>Contact No</b>		

<b>Name</b>		<b>Handler?</b>	Yes	No
<b>Date of Birth</b> <i>(if under 18 years on 1 Jan)</i>				
<b>e-mail</b>		<b>Contact No</b>		

<b>Name</b>		<b>Handler?</b>	Yes	No
<b>Date of Birth</b> <i>(if under 18 years on 1 Jan)</i>				
<b>e-mail</b>		<b>Contact No</b>		

**MEMBERS DETAILS continued...**

Name		Handler?	Yes	No
Date of Birth <i>(if under 18 years on 1 Jan)</i>				
e-mail		Contact No		

**DOG DETAILS - If different to last year**

Pet Name				
Show Name				
Date of Birth		Breed		
Sex (D/B)		Microchip No		
Grade		Height	<input type="checkbox"/> Large	<input type="checkbox"/> Medium <input type="checkbox"/> Small
Handler Name(s)				

Pet Name				
Show Name				
Date of Birth		Breed		
Sex (D/B)		Microchip No		
Grade		Height	<input type="checkbox"/> Large	<input type="checkbox"/> Medium <input type="checkbox"/> Small
Handler Name(s)				

Pet Name				
Show Name				
Date of Birth		Breed		
Sex (D/B)		Microchip No		
Grade		Height	<input type="checkbox"/> Large	<input type="checkbox"/> Medium <input type="checkbox"/> Small
Handler Name(s)				

Pet Name				
Show Name				
Date of Birth		Breed		
Sex (D/B)		Microchip No		
Grade		Height	<input type="checkbox"/> Large	<input type="checkbox"/> Medium <input type="checkbox"/> Small
Handler Name(s)				

*\*If the dog has not been measured yet and you can't clearly say what height they will be then please leave the 'Height' unfilled*

*(You can add additional pages for extra dogs if there is not enough space provided above)*

# WAIVER AND RELEASE OF LIABILITY FORM

I acknowledge I have voluntarily chosen to participate in Agility and Dog Sports and I have full knowledge of the risks these activities present, including travel to, participation in, and returning from the activities. I am aware portions of these activities are not guided or supervised by IADSA.

I understand by being permitted to participate in these activities, I agree to assume responsibility for any and all risk of injury or death. I further understand and agree to assume responsibility for risk of theft, loss, or damage to my personal property including my dogs, which may occur at any time arising out of my participation in this activity.

I fully understand that it is my responsibility to take all reasonable safety precautions to ensure my own safety and the safety of any minors in my care, my dogs and my property. If I see anything that I find unsafe I understand that it is my responsibility to bring it to the attention of an IADSA Committee member and to remove myself and those in my care from the grounds until I am happy that the risk has been removed.

I fully accept that I am totally responsible for any minor or any dog in my care and for the actions of that minor or dog within IADSA grounds or at IADSA sanctioned events. I further agree to remove my dog from the grounds immediately if a member of the IADSA Committee feels that the dog is of unsound temperament.

I undertake that my dog(s) are free from and/or have not been in contact with, or in. any kennel or establishment containing distemper or any other communicable disease within 30 days of the dog's attendance at the IADSA event.

I have carefully read this agreement and fully understand all of its terms and conditions. I understand this is a release of liability, which legally prevents me from filing a lawsuit or making any other legal claim for damages in the event of my death or injury. With this knowledge, I am entering into this agreement fully and voluntarily.

I agree the agreement is binding upon me, my spouse, my heirs, my children including any guardian for the children, my assignees, and legal representatives.

I understand and agree by signing this waiver and release on behalf of my minor child that I am giving up the same rights for the minor as I would be giving up if I signed this document on my own behalf.

***\*\*Submitting a physically signed hard copy version of this form, OR a digitally filled out version of this form via email, to IADSA will be accepted by the IADSA Committee as acceptance of the above Waiver and Release of Liability Clause\*\****

## Signed by:

Print Name \_\_\_\_\_  
Signed \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_  
Signed \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_  
Signed \_\_\_\_\_ Date \_\_\_\_\_

## Signed on behalf of the minors(s) name below:

Childs Name \_\_\_\_\_

Childs Name \_\_\_\_\_

Childs Name \_\_\_\_\_

Childs Name \_\_\_\_\_