



IRISH AGILITY & DOG SPORTS ASSOCIATION

NEW Membership Form 2021

Post to: IADSA Membership, 148 Moylaragh Crescent, Balbriggan, Co Dublin, K32 VP78

E-mail to: membership.iadsa@gmail.com

Website: www.iadsa.ie

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 note on accepted ways to sign 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
Payment Method	Cash <input type="checkbox"/> *Postal Order <input type="checkbox"/> Paypal <input type="checkbox"/> submit payment @ www.paypal.me/IADSA - Please add 'Membership' as note for reference & fill in Transaction ID below	
*payable to IADSA	*Cheque <input type="checkbox"/> *Bank Draft <input type="checkbox"/>	Completed Transaction ID:

Address	

MEMBERS DETAILS

MAIN MEMBER DETAILS *(must be over 18 years on 1 January)*

Name		Handler?	Yes	No
Contact No		e-mail		

ADDITIONAL MEMBERS DETAILS

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

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

Pet Name				
Show Name				
Date of Birth		Breed		
Sex (D/B)		Microchip No		
Grade		Height	<input type="checkbox"/> Small <input type="checkbox"/> Med <input type="checkbox"/> Inter <input type="checkbox"/> Large <input type="checkbox"/> Not Measured Yet	
Handler Name(s)				

Pet Name				
Show Name				
Date of Birth		Breed		
Sex (D/B)		Microchip No		
Grade		Height	<input type="checkbox"/> Small <input type="checkbox"/> Med <input type="checkbox"/> Inter <input type="checkbox"/> Large <input type="checkbox"/> Not Measured Yet	
Handler Name(s)				

Pet Name				
Show Name				
Date of Birth		Breed		
Sex (D/B)		Microchip No		
Grade		Height	<input type="checkbox"/> Small <input type="checkbox"/> Med <input type="checkbox"/> Inter <input type="checkbox"/> Large <input type="checkbox"/> Not Measured Yet	
Handler Name(s)				

Pet Name				
Show Name				
Date of Birth		Breed		
Sex (D/B)		Microchip No		
Grade		Height	<input type="checkbox"/> Small <input type="checkbox"/> Med <input type="checkbox"/> Inter <input type="checkbox"/> Large <input type="checkbox"/> Not Measured Yet	
Handler Name(s)				

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

WAIVER AND RELEASE OF LIABILITY FORM

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 agreement by all parties listed on the application to the following statements:

I acknowledge I have voluntarily chosen to participate in Agility and Dog Sports and I/We have full knowledge of the risks these activities present, including travel to, participation in, and returning from the activities. I/We 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.

I have read and understand the **IADSA Privacy Statement**. This document can be found on our website www.iadsa.ie and is also published on our social media platforms. If you cannot find a copy of this document, please feel free to contact info.iadsa@gmail.com and we will arrange to send it to you.

Signed by:

Print Name		Print Name	
Signed		Signed	
Date		Date	

Print Name		Print Name	
Signed		Signed	
Date		Date	

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

Child's Name		Child's Name	
Child's Name		Child's Name	
Child's Name		Child's Name	