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| IADSA Paw Logo.jpg | **IRISH AGILITY & DOG SPORTS ASSOCIATION****RENEWAL 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\*\***

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| **MEMBERSHIP DETAILS** |

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

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| --- | --- | --- |
| **Select** | **Membership Type**  | **Cost** |
|  | Single Membership *(one person only)*  | **€15** |
|  | Joint Membership *(two persons from the same household)* | **€20** |
|  | Family Membership *(three or more persons from the same household)* | **€30** |
| **Payment Method** | Cash □ | \*Postal Order □ | Paypal □ *submit payment @* ***www.paypal.me/IADSA -*** *Please add 'Membership' as note for reference & fill in Transaction ID below***Completed Transaction ID:** |
| *\*payable to IADSA* | \*Cheque □ | \*Bank Draft □ |
|  |
| **IADSA Membership No** *- Format 'IM0XXX'* |  |

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| **MEMBERSHIP DETAILS** |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |  | Handler? | Yes | No |
| Contact No |  | e-mail |  |
| Address (if changing) |  |  |

**Change in MEMBERS DETAILS** *- ONLY if different to last year*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |  | Handler? | Yes | No |
| Date of Birth *(if under 18 years on 1 Jan)* |  |
| e-mail |  | Contact No |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |  | Handler? | Yes | No |
| Date of Birth *(if under 18 years on 1 Jan)* |  |
| e-mail |  | Contact No |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |  | Handler? | Yes | No |
| Date of Birth *(if under 18 years on 1 Jan)* |  |
| e-mail |   | Contact No |  |
| **MEMBERS DETAILS continued...** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |  | Handler? | Yes | No |
| Date of Birth *(if under 18 years on 1 Jan)* |  |
| e-mail |   | Contact No |  |

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| **DOG DETAILS - ONLY New Dogs or \*Retiring Dogs** |

**\*Enter name of dog and specify your request to retire the dog from our system**

|  |  |
| --- | --- |
| Pet Name |  |
| Show Name |  |
| Date of Birth |  | Breed |  |
| Sex (D/B) |  | Microchip No |  |
| Grade  |  | Height | □ Small | □ Med | □ Inter | □ Large | □ Not Measured Yet |
| Handler Name(s) |  |

|  |  |
| --- | --- |
| Pet Name |  |
| Show Name |  |
| Date of Birth |  | Breed |  |
| Sex (D/B) |  | Microchip No |  |
| Grade  |  | Height | □ Small | □ Med | □ Inter | □ Large | □ Not Measured Yet |
| Handler Name(s) |  |

|  |  |
| --- | --- |
| Pet Name |  |
| Show Name |  |
| Date of Birth |  | Breed |  |
| Sex (D/B) |  | Microchip No |  |
| Grade  |  | Height | □ Small | □ Med | □ Inter | □ Large | □ Not Measured Yet |
| Handler Name(s) |  |

|  |  |
| --- | --- |
| Pet Name |  |
| Show Name |  |
| Date of Birth |  | Breed |  |
| Sex (D/B) |  | Microchip No |  |
| Grade  |  | Height | □ Small | □ Med | □ Inter | □ Large | □ 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 |  |