



Application Date _____

Membership Start Date _____

1221 C SE Broadway Drive, Lee's Summit, MO 64081
Mailing Address: 790 W. 40 Hwy, PMB 119, Blue Springs, MO 64015
816-824-5667
www.k-9sinmotion.com

Membership Application

Name _____

Address _____

City _____ State _____ Zip code _____

Phone _____ Cell phone _____

Referred by _____

Email _____

I agree to be added to the K-9's in Motion e-mail list for member information.

Dog's name _____ Breed _____

Rabies tag # _____

Is this dog aggressive toward people? _____

Is this dog aggressive toward other dogs? _____

Please explain:

Liability Waiver

I understand that participation in dog agility is not without risk to myself, members of my family, guests who may attend, or my dog, because some of the dogs to which I (we) will be exposed may be difficult to control and may be the cause of injury and/or damage even when handled with the greatest amount of care.

On acceptance of my application to participate in activities at K-9's in Motion, I hereby waive, release, and agree to hold harmless, K-9's in Motion, its employees, officers, members, and agents from any and all liability for injury, loss and/or damage which I, my family, my guests, or my dog may suffer, including, but not limited to, any injury, loss or damage resulting from the action of any dog(s) in the training session or on the training grounds.

In addition, I expressly assume the risk of such injury or damage while practicing agility, attending any training session or any other function of K-9's in Motion, and/or while on the training grounds or surrounding areas thereto.

I hereby agree to indemnify, compensate, and hold harmless K-9's in Motion for all claims asserted by the aforementioned, for injury, loss or damage that occurs while practicing agility or attending any training session and/or other function of K-9's in Motion, or while on the training grounds or surrounding areas thereto, as a result of any my actions, the actions of any person(s) accompanying me, and/or the actions of my dog(s), that causes injury and/or damage.

In addition, I agree to abide by the membership guidelines set forth by K-9's in Motion and understand that violation of those guidelines may result in termination of my membership.

Signed _____ Date _____

Membership Information

Membership Type

Single: Monthly (\$75) 3 month (\$195) 6 month (\$360)
Family: Monthly (\$85) 3 month (\$225) 6 month (\$420)

Name of additional family member _____

Payment type _____ Total due _____

Credit card number _____ V Code _____ Exp date _____

(If you prefer, you may call us with credit card information)