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# CABTC MEMBERSHIP RENEWAL FORM - PAGE 1

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Please fill out your renewal form (2 pages), sign the waiver, enclose your check, and mail to:  
MEMBERSHIP RENEWAL, CABTC, 210B Hayes Dr., Brooklyn Hts OH 44131  
Or - deliver to CABTC building & place in box labeled membership renewals.

**Please do not mail renewal forms to the treasurer.**

## **DUES INCENTIVE PROGRAM**

Starting in January, 2015 we asked each member to track their CABTC volunteer hours. (Downloadable volunteer forms are available on CABTC's website.) Each documented volunteer hour up to 15 hours translates to \$1 off your next year's membership dues. We offer many opportunities to volunteer to offset a portion of your dues. Attending membership meetings, serving on committees, working our many agility, tracking, scent work, and obedience run thrus and trials, working in the office, building maintenance, teaching, etc. are all ways to earn volunteer hour credits.

**Please attach your volunteer form to this application to document your dues reduction.**

Continue to track your volunteer hours in the future to earn up to \$15 deduction from your dues each year.

**Household memberships earn only one \$15 discount. Associate members receive no class discount .**

**WE LOVE OUR VOLUNTEERS - There would be no club without you!**

**DUES ARE DUE ON JANUARY 1. YOUR MEMBERSHIP WILL LAPSE IF NOT PAID BY JANUARY 31.**

## **MEMBERSHIP LIABILITY WAIVER**

In renewing my membership and in participating in the activities of, I hereby agree to abide by the rules and regulations of the Cleveland All-Breed Training Club, Inc. (The Club). In consideration of the renewal of my membership and participating in the club's activities, I hereby agree to hold the club, its members, directors, governors, officers, agents, superintendents, committees and/or members thereof, and all employees of said club, and any and all persons connected with or associated with said club, in whatever capacity, harmless from (1) any loss or injury which may occur to any person or thing by the act of my dog/s while in or upon the premises or grounds or near or at any entrance or exit thereto, and I hereby assume the sole responsibility for and agree to indemnify and save the aforementioned parties harmless from any and all loss and expense, including legal fees for any such claim; (2) the disappearance and/or loss by theft or otherwise and/or the death of my dog/s caused or alleged to be caused by the negligence of the club or any of the parties aforementioned, or by the negligence of any other person, or any other cause or causes. I agree that any animal may be banned from activities if, in the opinion of the club, such animal is physically incapacitated or otherwise unsuited for such activities, or if the dog exhibits vicious behavior toward any person, including the dog's owner, handler or trainer, or any other animal.

I hereby authorize any approved CABTC member, videographer and/or photographer to use, reproduce, and/or publish photographs and/or video that may pertain to me, including my image, likeness and/or voice without compensation. I understand that this material may be used in various publications, recruitment materials, the CABTC website, Facebook page, and/or for other related CABTC endeavors. This authorization is continuous and may only be withdrawn by my specific rescission of this authorization.

I attest that to the best of my knowledge, I do not have COVID-19 at the time of attending an event, class or training at CABTC. Additionally, I have not tested positive for Covid-19 or knowingly been in contact with a Covid-19 positive person in the 14 days prior to attending a CABTC event, class, or training. I understand the risks of unknowing exposure to this and other illnesses by or to myself, my family, other participants, and third parties. I agree that I will not knowingly expose others to any illness I may have or be at risk to have I will follow all CABTC rules and requirements to reduce any exposure and possibility of contracting or spreading the virus. I will also fully cooperate with and follow any City, County or State guidelines that have jurisdiction in the location of CABTC and/or CABTC sponsored events. If any of the above should change prior to my arrival at CABTC or during my visit to CABTC that is the subject of this consent, I will inform CABTC & proceed accordingly in light of the new information. I agree that my attendance at any event, class or training is entirely at my own risk and I assume all risk and full responsibility for my own health, wellbeing, and safety during said class or event. I fully agree that CABTC, board members, employees, assistants and volunteers are in no way liable for any present or future COVID-19 exposure incurred at any time by any person, in attendance or not in attendance, during or after any event. I hereby waive and release CABTC, board members, employees, assistants, and volunteers from any and all liability for damages or personal injury to me, my dogs or my property. Further, I hereby indemnify and hold harmless CABTC, board members, employees, assistants, and volunteers from any and all claims by or liability to any third party arising out of my participation at CABTC. Any liability to anyone for any incident involving myself, the location, or those pets or actions of other participants and spectators will be my sole responsibility and I assume all financial liability and will also assume all and any financial costs associated with my actions.

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MEMBER'S SIGNATURE

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DATE

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MEMBER'S PRINTED NAME

# CABTC MEMBERSHIP RENEWAL FORM - PAGE 2

## MEMBERSHIP STATUS:

- \$50\*\*** Single Voting Member (18+ Years Old)  
 **\$60\*\*** Household - 2 Voting Members Same Address (Each must fill out forms!)  
 **\$20** Associate (Non-Voting, Subscription to Loose Leads, no class discount)  
 **\$10** Junior Non-Voting Member (10 - 17 Years Old)  
 **LIFETIME** Voting Member (no fee but must submit renewal form each year)  
 **\$35** Key Member - Automatic discount as long as member retains key. One \$15 discount / household.

**\*\*SEE DETAIL ON  
PAGE 1  
REGARDING  
DUES INCENTIVE!**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**BREED/S OF DOGS:** \_\_\_\_\_ **YOUR BIRTHDAY** \_\_\_\_\_  
MO DAY

**PHONE:** Publish: Yes No - Home: \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_

Publish: Yes No - Work: \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_ Ext: \_\_\_\_\_

Publish: Yes No - Cell: \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_ **(only 2 numbers will be on the roster)**

**EMAIL ADDRESS: (Please print clearly!)** \_\_\_\_\_

Should your email address be included on the roster? Y or N

Should your email address be included in the club address book to receive mailings regarding CABTC Official Business? Y or N

Should your email address be included in the address book to receive mailings regarding non-club business? Y or N

**MEMBER PROFILE: PLEASE CHECK ALL THAT APPLY - DO NOT leave this side of the form blank as it contains information pertinent to gathering volunteers.**

**MY MAIN INTEREST AS A MEMBER OF CABTC IS:** OBEDIENCE AGILITY TRACKING RALLY SCENT WORK

**I AM INTERESTED IN HELPING WITH CABTC TRIALS:** OBEDIENCE AGILITY TRACKING RALLY SCENT WORK

**I AM WILLING TO SERVE AS:** \_\_\_ TRIAL CHAIR \_\_\_ TRIAL SECRETARY \_\_\_ COMMITTEE CHAIR \_\_\_ OTHER (Describe)

**I WOULD LIKE TO INSTRUCT AT CABTC:** OBEDIENCE AGILITY TRACKING RALLY SCENT WORK OTHER (Describe)

## PLEASE CHECK AREAS IN WHICH YOU CAN HELP OUR CLUB:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Annual awards         | <input type="checkbox"/> Finance committee        | <input type="checkbox"/> Phone / email contacting |
| <input type="checkbox"/> Audit books           | <input type="checkbox"/> Flyball                  | <input type="checkbox"/> Picnic                   |
| <input type="checkbox"/> Awards banquet        | <input type="checkbox"/> Help with club mailings  | <input type="checkbox"/> Policies                 |
| <input type="checkbox"/> Barn hunt             | <input type="checkbox"/> Historian                | <input type="checkbox"/> Publicity                |
| <input type="checkbox"/> Building maintenance  | <input type="checkbox"/> Hospitality              | <input type="checkbox"/> Scent Work               |
| <input type="checkbox"/> Building search       | <input type="checkbox"/> Library                  | <input type="checkbox"/> Seminars                 |
| <input type="checkbox"/> Bulletin boards       | <input type="checkbox"/> Loose Leads (newsletter) | <input type="checkbox"/> Sunshine                 |
| <input type="checkbox"/> Demonstrations        | <input type="checkbox"/> Meeting programs         | <input type="checkbox"/> Trophies                 |
| <input type="checkbox"/> Dog legislation       | <input type="checkbox"/> Membership               | <input type="checkbox"/> Work in office           |
| <input type="checkbox"/> Equipment maintenance | <input type="checkbox"/> Nominating committee     | <input type="checkbox"/> Volunteer coordinator    |
|  | <input type="checkbox"/> Officer / board member   |   |

OTHER (Describe): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_