



For Official Use Only

Dues Paid:   
Date: \_\_\_\_\_  
For new applicant, date presented to membership: \_\_\_\_\_  
Status: \_\_\_\_\_  
Signature: \_\_\_\_\_

## MEMBERSHIP APPLICATION

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Phone (Work): \_\_\_\_\_ E-Mail: \_\_\_\_\_

Occupation: \_\_\_\_\_ Hobbies: \_\_\_\_\_

**Membership Status (check one):**    **Single \$20.00/year**     **Family \$25.00/year**

If spouse and/or family will attend any events, please select Family Membership. Only members are covered by club insurance.

### INTEREST INFORMATION

I am interested in the following (check all that apply):

Field Trials	<input type="checkbox"/>	Shows	<input type="checkbox"/>	Hunt Tests	<input type="checkbox"/>	Obedience Matches	<input type="checkbox"/>
Judges Seminars	<input type="checkbox"/>	Hunting Fun Days	<input type="checkbox"/>	Show Fun Days	<input type="checkbox"/>	Obedience Fun Days	<input type="checkbox"/>
Speakers or Clinics	<input type="checkbox"/>	Field/Hunting Training	<input type="checkbox"/>	Tattoo/Chip Clinics	<input type="checkbox"/>		

Ideas And Suggestions For Activities Of Interest To You: \_\_\_\_\_

Do You Currently Own A German Shorthaired Pointer?    Yes     No

Name(s) and ages \_\_\_\_\_

### 2010 GSPCO Officers and Board of Directors

President:	Dan Drazan	(503) 266-6388
Vice-President:	Wayne Yamashita	(503) 705-7217
Secretary:	Matt Sayre	(503) 701-7792
Treasurer:	Marge Pierce	(503) 581-1058
Board Member At Large	Dave Fowler	(971) 563-7095
Board Member At Large:	Janet Dalgaard	(503) 655-0664
Board Member At Large:	Stuart Gardner	(503) 558-1181

If accepted as a member of the German Shorthaired Pointer Club of Oregon, I agree to abide by their Constitution and By-Laws and the Rules of the American Kennel Club, by which the GSPC of Oregon is licensed. The undersigned hereby releases forever and waives cause of action, suit or claim or damages which may have happened in the past or which may arise in the future against any member of, individually or the organization collectively, known as the German Shorthaired Pointer Club of Oregon, arising out of any accident whatsoever kind or nature, occurring through the course of activities of the club.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return the application and Dues to: Marge Pierce, GSPCO Treasurer, 3530 Winola Ave. S., Salem, OR 97302

## GSPCO RELEASE AND WAIVER AGREEMENT

IN CONSIDERATION FOR AND AS A CONDITION TO BEING PERMITTED TO JOIN OR RENEW MEMBERSHIP IN THE GSPCO AND FOR BEING PERMITTED TO PARTICIPATE IN GSPCO EVENTS AND ACTIVITIES, THE UNDERSIGNED AGREES TO THE FOLLOWING: I hereby accept any and all responsibility for, and assume the risk of, any and all injury or damage to my person or dependent children that might arise directly or indirectly as a result of or in relation to membership in the GSPCO or participation in GSPCO events or activities. I hereby expressly and forever release, waive, discharge and hold harmless the GSPCO, and all of its officers, directors, agents, employees and volunteers, from any liability, losses, causes of action, expenses and/or claims for damages or any other remedy from any cause or of any nature whatsoever that might arise directly or indirectly as a result of or in relation to membership in the GSPCO or participation in GSPCO events or activities. I certify that I am familiar with the contents of this agreement, that I have read and understand the same, and that it is my intention by signing this agreement that the same be binding not only on me, but also on my estate, heirs, administrators, executors, successors and assigns. I understand that there are significant risks of personal injury and property damage, whether known, unknown, hidden or obvious, involved in outdoor recreational activities, including, but not limited to, GSPCO hunt tests and field trials which involve the use of firearms, and I am fully aware that there may be hazards and risks unknown to me as a result. I understand that I am responsible to pay my own medical and emergency expenses in the event of accident or illness regardless of whether I have authorized such expense. Furthermore, I am fully aware that such risks, known and unknown, can cause injury, property damage, illness, mental or emotional trauma, disability or death. This agreement will be construed broadly to provide a waiver and release to the maximum extent permissible under applicable law. Any provision found to be void or unenforceable shall be modified or deleted to the minimum extent necessary to make it enforceable, and shall not effect the enforceability of any other provisions.

THE UNDERSIGNED HAS READ THIS AGREEMENT, UNDERSTANDS IT, AND SIGNS IT VOLUNTARILY

Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Date: \_\_\_\_\_

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Print Name: \_\_\_\_\_  
Date: \_\_\_\_\_

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Print Name: \_\_\_\_\_  
Date: \_\_\_\_\_

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