



SMHRA Membership Form

NAME(S) _____

ADDRESS _____

PHONE _____

EMAIL _____

Breed(s) of dog(s) _____

Individual \$20.00 / Family \$25.00
(circle amount)

Please make checks payable to SMHRA and mail to:
SMHRA Treasurer/Secretary
8452 156th St. Ct.
Apple Valley, MN 55124

As a condition of membership in the Southern Minnesota Hunting Retriever Assoc. (SMHRA), I do hereby waive my right and the right of my heirs and assigns to hold SMHRA, or its directors, officers or employees liable or responsible in anyway for damage, injury or death that may occur to myself or my family or any of my or my family's properties or belongings, including any dog(s). In addition I agree to defend, indemnify and hold harmless SMHRA against any and all loss, liability, damages and costs(including attorney fees) arising from or related to my participation, or the participation of any dog in which I have ownership or which I am handling at any SMHRA event or activity. I understand the risks involved, including without limitation, dogs being off-leach and the discharge of firearms, and I will use utmost caution and safe conduct while participating in or attending any SMHRA event or activity. I will adhere to the rules and regulations of the American Kennel Club and the North American Hunting Retriever Association.

Membership Signature

Date