

**Treasure State Retriever Club  
Application for Membership 2019  
Due by March 31, 2020**

Membership is for 12 calendar months starting on January 1st and ending December 31st. There are four memberships offered by Treasure State Retriever Club. General Membership for \$50.00 and is a single vote membership. Family Membership for \$75.00 and is a two-vote membership. Out of State Membership \$50.00 and \$75.00 with no voting privileges. Make checks payable to "Treasure State Retriever Club" and mail to: TSRC, P.O. Box 4964, Butte MT 59702

Place an X by the membership being applied for:

General Membership: single \_\_\_ \$50, family \_\_\_ \$75  
Out of State Membership: single \_\_\_ \$50, family \_\_\_ \$75  
Junior single \_\_\_ \$50

Name: \_\_\_\_\_

Spouse name if Family Membership: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Email(will not be on club roster): \_\_\_\_\_

As indicated by my signature, I express my willingness to volunteer at one sanctioned event per year. I further agree to abide by all **Club By-Laws** and **Club Policies and Procedures**. I understand that membership acceptance is at the discretion of the BOD.

SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_

SPOUSE SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_

(FOR NEW AND RENEWING MEMBERS - TSRC use only)

Board of Directors Approval: Yes \_\_\_ No \_\_\_ Date: \_\_\_\_\_

Date Received \_\_\_\_\_ Check # \_\_\_\_\_ amount \_\_\_\_\_



Treasure State Retriever Club  
 P O Box 4964  
 Butte, MT 59702

Name of Member: \_\_\_\_\_(Optional)

Vice President Margo Ellis-Lingohr is collecting information from the membership regarding the following questions. Please find out this form and return it with your application.

- What would you like to see the club do more of?

AKC Tests	Y	N
HRC Tests	Y	N
Field Trails	Y	N
Training Days	Y	N
Seminars	Y	N

- What improvement in club structure would you like to see?

Structured Training Days for different levels of trainers and dogs.	Y	N
Teaching Seminar for handling and/or training.	Y	N
Mock Hunt Tests.	Y	N
Annual awards for accomplishments	Y	N

- What is most important to you as a club member?

Training access to the grounds?	Y	N
Someone to help you train your dog?	Y	N
Recognizing your accomplishment with your dog?	Y	N
More club meeting where you could be involved?	Y	N

- Are you interested in participation in club training days? If so, what level is your dog, or dogs.
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- Open comments:

## Treasure State Retriever Club Participation Agreement

Executed on (date) \_\_\_\_\_

Print Name \_\_\_\_\_

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

County \_\_\_\_\_ Phone \_\_\_\_\_

I (Print name) \_\_\_\_\_ hereby acknowledge that I have voluntarily applied to participate or be a spectator in the hunt test/field trial/dog training activities conducted on the grounds of the Bob Sparks Retriever Training Grounds owned and operated by the Treasure State Retriever Club, and that these grounds will be used for simulated hunting dog activities. **No actual hunting situations! On (date) \_\_\_\_\_ live firearms and ammunition may be used during an event or dog training.**

I am aware that hunting dog activities (where live guns and ammo are used) could be a hazardous activity and I am **voluntarily** participating or watching these activities with knowledge and appreciation of the danger involved and hereby agree to accept any and all risks of property damage, injury, or death. **INITIAL** \_\_\_\_\_.

As **LAWFUL CONSIDERATION** for being permitted to participate in these activities and use these facilities, I agree that I, my heirs, distributees, guardians, legal representatives, and assigns **WILL NOT MAKE A CLAIM AGAINST, SUE, ATTACH THE PROPERTY OF, OR PROSECUTE PROPERTY OWNERS, AGENTS AND AFFILIATED ORGANIZATIONS FOR INJURY TO MY PERSON OR DAMAGE TO MY PROPERTY OR ANY ANIMAL UNDER MY CONTROL, RESULTING FROM THE PASSIVE OR ACTIVE NEGLIGENCE OR OTHER ACTS, HOWEVER CAUSED,** by an agent, as a result of my voluntary participation in any of the activities conducted on the grounds listed above.

In addition, I hereby **RELEASE AND DISCHARGE PROPERTY OWNERS, IT'S AFFLIATED ORGANIZATIONS, OFFICERS, DIRECTORS, MEMBERS,** from all actions, claims, or demands that I, my heirs, distributees, guardians, legal representatives, or assignees now have or may in the future have for an injury to my person or damage to my property or any animal under my control resulting from my voluntary participation in dog hunt tests/trials/training on the grounds listed.

Further, I hereby agree to **COMPENSATE OR REIMBURSE** property owners, affiliates, members of any Organization for any claims brought against them for the property damage or personal injury or death, including any animal under my control, which arise as a result of my passive or active negligence or other act(s) while voluntarily participating in the activities in which I am involved.

**I HAVE CAREFULLY READ THIS PARTICIPATION AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A CONTRACT BETWEEN MYSELF, LAND OWNERS AND ANY OTHER ORGANIZATION AFFILIATED WITH THE DEMONSTRATION. I HAVE SIGNED THIS OF MY OWN FREE WILL FOR MYSELF AND FOR ANYONE WHOM I AM GUARDIAN OR PARENT OF WHO IS UNDER 18 YEARS OF AGE.**

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

Signature of Parent/Guardian or Custodian of Minor: \_\_\_\_\_

Print Name of Minor: \_\_\_\_\_