

# BE AN ANGEL THERAPY DOGS MINISTRY, INC.

## DOG/HANDLER TEAM APPLICATION

---

### HANDLER'S INFO:

Name: \_\_\_\_\_  
Last Name First Name

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

City, State, Zip Code: \_\_\_\_\_

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

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

### DOG'S INFO:

Name & Breed: \_\_\_\_\_

Any Special Designations: \_\_\_\_\_

Any Special Needs for the Dog: \_\_\_\_\_

### BAA GEAR PACKAGE:

Shirt Type:  **Polo with**  Short Sleeves  Long Sleeves  
 **Button Down with**  Short Sleeves  ¾ Sleeves  Long Sleeves

Size:  **Ladies**  Small  Med  Large  XLarge  2XLarge  
 **Men's**  Small  Med  Large  XLarge  2XLarge (add \$2.00)  
 3XLarge (men's only) (add \$4.00)

Vest Measurements: Length \_\_\_\_\_ Girth: \_\_\_\_\_ Breast: \_\_\_\_\_  
Use the attached chart to make your measurements

Cost of the BAA Gear Package: **\$55.00** includes 1 shirt, 1 vest and 1 photo ID badge & Lanyard  
**Note: if you are ordering oversized shirts add \$ to the package costs.**

**Please remit to:** Be an Angel Therapy Dogs Ministry, Inc.  
104 Whipoorwill Drive, Altamonte Springs, FL 32701

### GEAR REPLACEMENT OR ADDITIONAL:

Shirts: \$30.00                      Vests: \$25.00                      Photo ID Badges: \$10.00

By joining Be an Angel Therapy Dogs Ministry, Inc. I understand that I will be expected to follow all the rules, regulations, and guidelines as established by Alliance of Therapy Dogs, which may be amended from time to time.

\_\_\_\_\_ initial(s)

I understand that the liability insurance provided as part of my dues to ATD will not provide coverage for me and/or my dog, but only the person or persons who are or may be the injured party. I understand I will be responsible for all costs related to injury to myself, my property and/or my dog.

\_\_\_\_\_ initial(s)

If any of the terms or conditions of my membership with ATD ***are not followed*** while representing them in any way, and an incident occurs, the liability insurance will become null and void and have no force or effect. The result is, I shall solely be liable for any and all costs related to the defense or settlement of any actions taken against me.

\_\_\_\_\_ initial(s)

I further understand that the annual renewal for ATD must be kept current. If the annual renewal lapses and if an incident should occur, I understand that the liability insurance will become null and void and have no force or effect. The result is, I shall solely be liable for any and all costs related to the defense or settlement of any actions taken against me.

\_\_\_\_\_ initial(s)

I agree not to name or implicate Be an Angel Therapy Dogs Ministry, Inc. in any suits or legal actions concerning me and/or my dog if I or we become a party to any action resulting in liability to an injured party.

\_\_\_\_\_ initial(s)

I agree to ***commit to participate in one visit per month*** at a facility which has been previously arranged with Be an Angel Therapy Dogs Ministry, Inc. to the best of my ability.

\_\_\_\_\_ initial(s)

I agree to ***wear the Be an Angel Therapy Dogs Ministry, Inc. gear*** (shirt, dog's vest, photo ID badge) when representing them at a visit, or other special event where BAA shall be present.

\_\_\_\_\_ initial(s)

I agree to *provide a copy of the Therapy Dogs, Inc. membership card*, upon my annual renewal (January or July), to Be an Angel Therapy Dogs Ministry, Inc. to show that I am a member in good standing, therefore, renewal fees are paid and liability insurance is in force.

\_\_\_\_\_ initial(s)

I agree to pay the *membership application fee of \$55.00 to Be an Angel Therapy Dogs Ministry, Inc.* for the BAA gear (shirt, dog's vest, photo ID badge & lanyard) upon submission of the BAA application.

\_\_\_\_\_ initial(s)

I agree to pay an *annual membership renewal fee of \$25.00 to Be an Angel Therapy Dogs Ministry, Inc.* on either January first and July first (coincides with the RENEWAL dates for ATD membership)

\_\_\_\_\_ initial(s)

**HOLD HARMLESS**

I, \_\_\_\_\_, assume responsibility for my actions, for the actions of my family or guests and the actions of my dog. I hereby agree to protect, indemnify, defend and hold harmless **Be an Angel Therapy Dogs Ministry, Inc.** and any of its affiliates and subsidiaries, the officers, directors, agents and partners against all claims, demands, losses, or damages to person or property, governmental charges or fines, including any attorney's fees and costs arising out of or caused by my actions or in actions, the actions or inactions of my family or guests and the actions or inactions of my dog as it relates to the **Be an Angel Therapy Dogs Ministry, Inc.**

---

Important Information needed:

*Include a copy of your ATD Membership Card*

---

---

**Signature**

---

**Print Name**

---

**Date**