

HANDLER _____

DOG _____

ASHEVILLE WORKING DOG CLUB FALL TRIAL

11/12-13/2022

JUDGE CRAIG GROH
HELPER COLT DICKSON
TRACK LAYER TODD SLEPAKOFF

TRIAL SECRETARY MARY LEONIDAS
(828) 712-9310
maryleonidas@me.com

__ BH\$70 __ IGP1\$80 __ IGP2\$80 __ IGP3\$80

DOG'S REGISTERED NAME: _____

BREED: _____ DOB: _____ SEX: _____

OWNER _____ HOT: Y / N

TATOO/MICROCHIP #: _____

REGISTRATION ORGANIZATION: _____ / # _____

SCOREBOOK ORGANIZATION: _____ / # _____

ORGANIZATIONAL MEMBERSHIP: _____ / # _____

AFFILIATED TRAINING CLUB: _____

WHERE WAS BH OBTAINED: _____ DATE: _____

EMAIL ADDRESS _____ PHONE NUMBER _____

ADDRESS _____

I Agree to release, indemnify and hold harmless the United Schutzhund Clubs of America, The Asheville Working Dog Club, The WNC Working Dog Training Center, any members, officers of the above mentioned organizations, the Town of Weaverville and any volunteers of the event from any and all liability of any nature, from any losses or damages and/or injury to myself, my dog or my personal property which may have allegedly been caused during trial/event/practice hours. Furthermore, I agree to repair or pay for the repair of any damages which may occur to trial property or surrounding areas due to my own or my dog's actions. I verify the dog entered is healthy and up to date on all required vaccinations and will provide documentation when asked. I understand that I am responsible for the care, behavior and well being of my dog during trial and practice.

Owner/Handler: _____

signature

Date: _____