Blitzhund Working Dog Club 2023 Fall Trial Entry Form

Judge: USCA Judge William Szentmiklosi

Dates: October 28, 20 Events: IPG1, IPG2, IPG Entry Fee: IGP1-3: \$12	G3, BH. GPr1, GPr2, GPr	r3, UPr, UPr2, UPr3, FPr1, Fl	Pr2, FPr3
_		Green Dog Inn between 7:15 will leave at 7:30am sharp, so	
Please check the event		[]GPr2 []GPr3 []UP	r1 []UPr2
[]UPR3 []FPr1 []	FPr2 []FPr3		
Please <u>print</u> clearly an	d <u>complete</u> the following	g:	
	cle one): Cash Check	•	
		Date of Birth	·
		BH Location:	
		Registration No.:	
Check all that apply:	Male Female _	Female in Season	НОТ
Sire's Name & Titles: _			
Dam's Name & Titles:			
		USCA Member #	:
Address:			
):
Phone:	E-Mail:		
Signature:		Date:	

All dogs must have USCA or USCA Certified Scorebooks

The Waiver form must be completed and returned with this registration form and your entry fee. Please make your check payable to Beth Bradley and mail the check, registration form and waiver form to: **Beth Bradley**

52 Kitchell Road, Denville NJ 07834 or Paypal: https://www.paypal.me/joannaromeo Entry fees are non-refundable.

Blitzhund Working Dog Club

AGREEMENT TO HOLD HARMLESS, WAIVER AND ASSUMPTION OF RISK

I, the undersigned, understand that attendance at a IPG/Schutzhund training session, trial, seminar or related function is not without risk to myself, members of my family, my dog or any guests who attend these functions. I realize the dogs that the above stated persons and I may be exposed to may be difficult to control and may cause injury even when handled with the highest level of care. I hereby waive and release the **Blitzhund Working Dog Club** hereinafter referred to as "**Blitzhund**", its employees, officers, members, guests and other agents from any and all liability of any nature, for injury or damage resulting from the actions of any dog, individual, or training activity, and I expressly assume the risk of such damage or injury while attending any activity of function held by **Blitzhund** or while on any grounds used by **Blitzhund** in association with **Blitzhund's** activities.

I also agree to release from responsibility any person or company upon whose property *Blitzhund* may be holding any activity.

I hereby agree to indemnify and hold harmless *Blitzhund*, its employees, officers, members, guests and other agents free of any and all claims, or claims by any member of my family or any other person accompanying me to any activity held or sponsored by *Blitzhund* or while on grounds used for *Blitzhund* activities or the surrounding areas thereto as a result of any action by any dog, person, or activity, including those of myself, my family members or guests.

Name:	
Spouse:	
Children:	Age:
	Age:
	Age:
Signature:	Date:

WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19 ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate in Blitzhund Working Dog Club (hereafter "Blitzhund"), events and activities, the undersigned acknowledges, appreciates, and agrees that:

- 1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
- 2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
- 3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
- 4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin,

HEREBY RELEASE AND HOLD HARMLESS Blitzhund and the United Schutzhund Clubs of America their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of participant:

Date signed: _____

Participant signature:
Date signed:
FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF
REGISTRATION) This is to certify that I, as parent/guardian, with legal responsibility for this
participant, have read and explained the provisions in this waiver/release to my child/ward
including the risks of presence and participation and his/her personal responsibilities for adhering
to the rules and regulations for protection against communicable diseases. Furthermore, my
child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and
child/ward do consent and agree to his/her release provided above for all the Releasees and
myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the
Releasees for any and all liabilities incident to my minor child's/ward's presence or participation
in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the
fullest extent provided by law.
Name of parent/guardian:
Parent guardian/signature: