METRO-DETROIT SCHUTZHUND CLUB
Trial Helper Seminar & Evaluation

Participant Name: _____

Home Address: _____

Phone: _____Email: _____

USCA Membership # and Expiration Date: _____

Helperbook #: _____

Home Club & Training Mentor(s): _____

Handling Experience: _____

Helper Experience (Number of dogs worked in Trial): _____

Current Helper Classification: _____

List any injuries, health conditions, or current medications: _____

_____

Notice:

Trial Helper Evaluation participants must have proof of current UCSA membership and a USCA Helperbook to certify. If membership is pending or a USCA Helperbook is not in hand, you are encouraged to attend anyway, but contact John Bochenek @ 248-860-5340 prior to arrival. Non-USCA issued Helperbooks can be noted for proof of participation.

Active participants must coordinate a dog capable of demonstrating the bulk of the IPO3 routine for the Helper Seminar and Evaluation. If you cannot coordinate a dog, contact John Bochenek prior to arrival. All dogs must remain crated and inside a vehicle when unsupervised. All children must have adult supervision.

The owner or authorized agent certifies that any dogs brought to this event will be, at all times, in the care and control of the dog's named owner/handler. It is further understood that the undersigned agrees to be fully responsible for his/her actions and the actions of his/her dog while on the event grounds. The undersigned agrees to hold the Metro-Detroit Schutzhund Club, its members, officers, and directors, as well as, any grounds or property owners, harmless for loss or injury which may have allegedly been caused directly or indirectly to any person during the event. ***By my signature below, I hereby agree to personally assume all responsibility and liability for any such claim.*** **I fully understand the contents of this document and have been given the opportunity for clarification if needed.**

Date _____Signature of Owner/Handler _____