

ENTRY FORM/Waiver – Intro to K9 Nose Work Clinic

May 6, 2017 11:00 AM
Working Spot \$60.00 ____
Spectator \$25.00 ____

Location: 13322 Johnson Rd. Phelan CA

Terry Fisk 760-964-1463 firecreek@earthlink.net

Name: _____ **Dog's name/age/breed:** _____

Does the dog have a history of fear, biting or resource guarding? _____

Full address: _____

Phone #'s: _____

Email _____

WAIVER OF LIABILITY AND INFORMED CONSENT

I understand that the behavior of dogs cannot be guaranteed. I also understand that the behavior of domestic animals is sometimes unpredictable and that some domestic animals are capable of inflicting serious personal injury or death, as well as extensive property damage. Knowing the risks I agree to assume ALL those risks including, but not limited to; assuming the financial responsibility of any possible litigation arising from any incident which I may be involved. I release, indemnify, and hold harmless Terry Fisk, Show and Sport, property owners, National Association of Canine Scent Work, LLC, West Coast Australian Shepherd Association and their Employees, Officers, Directors, Agents, or Contractors from any and all damages or personal injury. Any incident involving myself, the location or those pets or actions of other participants and spectators will be my sole responsibility and I assume all financial liability and will also assume all and any financial costs associated with my actions. (_____)

In addition to the above, I understand that participating in this event holds some risk. My dog and I may be exposed to challenging, treacherous or unstable footing and accept all possible risks associated with participating or observing any type of detection style training or competition. I agree to hold harmless Terry Fisk, Show and Sport, property owners, National Association of Canine Scent Work, LLC, and their Employees, Officers, Directors, Agents or Contractors including but not limited to the event location's agents or owner and to accept responsibility for all litigation and financial obligations arising from any unforeseen event in which I may be involved. (_____)

I have read, understand and agree to the above:

Name (Print)	Signature	Date
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Name of attending dogs: 1) _____ **2)** _____

PHOTO AND VIDEO RELEASE

I understand that public relations are an important part of participating in a NACSW or K9 Nose Work event. I give the National Association of Canine Scent Work (NACSW), K9 Nose Work, and their organizers the right and permission to use my name, likeness, and voice, together with my endorsement or testimonial (whether written or oral), in all types of advertising and promotion. This right and permission includes photographs, video recordings, audio recordings, and all other media in which my name, likeness, or voice may be reproduced. I ask that the above-mentioned use reasonable efforts to give me advance notice of any such use, but such notification is not a condition to release media for the public relations purposes. There will be no personal videotaping of this event without consent of the instructor.

I have read, understand and agree to the above:

Name (Print)	Signature	Date
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