

COAL MOUNTAIN SCHUTZHUND ASSOCIATION CLUB TRIAL ENTRY FORM

Event Date: December 9-10, 2023

Andrea Duggan, USCA Judge

Handler Info	Name:			
	Address:			
	City:	State:	Postal Code:	Country:
	Telephone:	Fax:		E-Mail:
	<i>If you are not a USCA member you MUST be a member of an AWDF member club (e.g., DVG) or member of a WUSV recognized club (e.g., GSDCA) to enter the trial.</i>			
	USCA Membership #:	Exp. Date	Club Name:	
	<i>If permanent residence is outside the U.S., you must provide a WUSV Organization and Membership #:</i>			
Date and Location where Handler achieved BH:				

Dog Info	Registered Name:	Call Name:	SEX:	Male	Female
	Date of Birth (Year/Month/Day):		Tattoo or Microchip #:		
	Registration #:	USCA AKC Other Reg.:	Breed:		
	USCA Scorebook#		Non-USCA Scorebook#		
	Working Titles:			HOT: Yes No <small>(Handler Owner Trainer)</small>	

Owner Info	Check here if same as Handler			
	Name:			
	Address			
	City:	State:	Postal Code:	Country:

Entry Fees	Check One	Event	Entry Fee	Check One	Event	Entry Fee	Check One	Event	Entry Fee	Payment Info		
		USP 1	\$105		UPr (OB) 1	\$90						Checks payable to: Coal Mountain Schutzhund Association
		USP 2	\$105		UPr (OB) 2	\$90						
		USP 3	\$105		UPr (OB) 3	\$90						Mail to: Crystal Donoghue 695 PRESCOTT WAY DACULA GA
		STp 1	\$90		FH-V	\$105						
		STp 2	\$90		IFH	\$105						
		STp 3	\$90		IFH 2	\$105						
		FPr (TR) 1	\$90		AD	\$105						
		FPr (TR) 2	\$90		BH VT	\$105						
	FPr (TR) 3	\$90										
							Total					

Trial Entries may be limited due to limitations on available tracking.

Release Statement	<p>(1) I will be fully and solely responsible for the actions of myself, my family and my dog(s) while engaged in any club activities, whether on club property, tracking fields, training grounds, competitions, shows or any other location;</p> <p>(2) I will maintain control of and be responsible for the welfare of my dog(s) during all club-related activities;</p> <p>(3) I hereby waive, release, hold harmless and defend this club, its officers, directors, members, guests, club and third-party trainers/educators, judges, agents, property owners and their successors from any and all claims of loss, injury or disease to myself, my family members, my property or my dog(s) arising directly or indirectly from, or in any way related to, participation in or attendance at any activities of this club whether on or off club property;</p> <p>(4) To the fullest extent permitted by law, I shall indemnify, hold harmless and defend this club, its officers, directors, members, guest, spectators, club and third-party trainers/educators, judges, agents, property owners and their successors and assigns from any and all claims of loss, injury or disease to any other person, dogs or property arising directly or indirectly from, or in any way related to, the participation of myself, my family or my dog(s) in, or attendance at, any activities of this club whether on or off club property;</p> <p>(5) In case of emergency, the club may in its sole discretion authorize medical treatment for my family, my dog(s), or myself;</p> <p>(6) The club has my permission to take and use photographs, videotapes and other recordings of club activities involving myself, my family, or my dog(s) for any lawful purpose without compensation; and</p> <p>(7) I will abide by club and event rules.</p> <p>The club hereby disclaims any undertaking to protect personal property, including vehicles and contents, equipment, cameras and valuables, from loss, theft, damage or vandalism and disavows any responsibility for any and all such losses that may occur at any club activity.</p> <p>By signing this form, I certify that my dog(s) are physically and mentally fit for training, competition, and contact with the public, dogs and other participants, have current rabies and other vaccinations and are free from all communicable disease.</p>		
		I have not had a positive COVID-19 Test result in the past 4 weeks	
		I feel well, have no fever, and no persistent cough	
		If required, I will wear a face covering anytime I am in the presence of others	
		I will sanitize my hands with sanitizer or soap often	
		I acknowledge that risk of contracting COVID-19 cannot be fully mitigated.	
	I accept any consequences from my choice to participate.		

Signature: _____

Date: _____