

Guardian/Parent Name for underage handler

Capital City Dog Sport AssociationTM

Working Dog Competition Training Club established in 1979 UKC Dog Events, NARA French Ring Sport, LV/DVG America IGP

August 19-20, 2023	DOG SPORTS OPE	N Entry Form
Owner Name (printed)	Dog's Name	Breed of Dog
Owner Address		City, State, Zip
Cell phone	E-mail address	Dog Club or Trainer Name
Performance/Event Titles previousl	y earned on this Dog	Dog Club or Trainer Location (City & State)
Entry Requirements,	Eligibility and Fees (mal	(e payable to CCDSA)
for dogs and handlers that are still training ON LEASH developing their Schutzhund/IGP, Ring Sport (French, Mondio, Belgian), PSA, K9 Pro Sy the wrong category, your score will be nullified WITHOUT entry fee refundance. Agreement to HOLD H the undersigned, hereby acknowledge that I have voluntary for the school of the sc	working skills. If your dog is trained in OFF LEASH OBEDIEN corts, UKC Dog Sport or anything similar, it is NOT a beginned. Please be FAIR and CONSIDERATE and enter the properation of	d ASSUMPTION of RISK ered by Capital City DOG SPORT ASSOCIATION hereal
eferred to as "CCDSA" or the "Association". I acknowled association functions and events including the risk of my log, the condition of the training premises and grounds, supposed, members of my family or guests who may attend, or moven when handled with the greatest amount of care. While the	ge that there are risks involved in bringing my dog contracting a communicable disease and the and a wide range of other factors. I also under y dog, because some of the dogs to which I will be a	dog into contact with other dogs, and in my participation risk of physical injury arising from an altercation with anot stand that participation in such programs is not without risk exposed may be difficult to control and may be the cause of injucknowledge that it cannot and does not guarantee that they will
and events, I hereby agree that I, my heirs, distributees, guate CAPITAL CITY DOG SPORT ASSOCIATION and/or any of egligence or other acts, however caused, by any member,	ardians, legal representatives, and assigns will not its officers, members, agents or guests for any injuries agent, employee, or contractor of CCDSA, or as and/or its members from all actions, or	or being permitted to participate in any CCDSA training programake a claim against, sue, attach the property of or prosec s or damage resulting to me, my animal(s) or my property from the result of my participation in any CCDSA activities. laims, or demands I, my heirs, distributees, assignation in this activity.
nember of any family or any other person accompanying me to if such damage or injury or damage resulting from the action	any activity or function as a result of any action by an of any dog or person while attending any training se S. Lowell Road, 4219 S. Lowell Road, 4219 ½ S. Lo	s, agents and guests from any and all claims, or claim made by a y dog or person, including my own, and I expressly assume the resion or any other function while on the training grounds or swell Road, 4235 S. Lowell Road and 4305 S. Lowell Road in Sa
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further understand and agree to not use any drug or alc ne surrounding area thereto and acknowledge that my participat		ticipation in any activity or function on the training grounds any activity (without refund) and expulsion from the grounds.
I, the undersigned, have read,	understand and agree to A	LL CONDITIONS detailed above
Owner/Handler Name (printed)	Owner/Handler	Signature Date

Guardian/Parent Authority by Signature

Date