

Crazy Hound Kennels and SDSARDA

Seminar with Bernhard Flinks

July 3-5 2009

Entry Form and Release of Liability

Working spots: \$125 per day or \$300 for all 3 days

Spectators : \$35 per day or \$100 for all 3 days

Please print legibly – incomplete applications will be returned.

Working ___ Spectator ___ Friday ___ Saturday ___ Sunday ___

Handler's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone (day): _____ Telephone (evening): _____

E-mail: _____

Dog's Name: _____

Breed: _____ Age: _____ Titles: _____

Areas of training that need to be addressed: _____

Date: _____

Total Enclosed: \$ _____

Please make checks out to Crazy Hound and mail to:

Carol Boche 21617 Highway 18 Martin South Dakota 57551

Signature of Handler: _____

By signing above it is understood that dogs at this event will at all times be in the care and control of the dog's handler. It is further understood that the undersigned agrees to be fully responsible for the action of his/her dogs while on the event grounds.

Crazy Hound Kennels, it's directors, members, guests, Doug O'Bryan and property owner, other agents and Bernhard Flinks HARMLESS for loss or injury which may have allegedly been caused directly or indirectly to any person or things by any action of my dog(s) or to my dogs(s) while on the event premises and surrounding area.

I hereby assume all responsibility and liability for such claims.

I further agree to indemnify and hold harmless Crazy Hound Kennels, it's directors, members, guests, Doug O'Bryan, property owner, Bernhard Flinks and other agents free of any and all claims or claims by myself, my family members or any other person accompanying me while on the grounds used for Crazy Hound 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.