

SWCDA Entry Form

2919 Center Drive

Vernon, Texas 76384

Handler _____

Owner of any dog not belonging to Handler: _____

Dog's Name: _____ Age: _____ Class _____ Day 1 2 3

Dog's Name: _____ Age: _____ Class _____ Day 1 2 3

Dog's Name: _____ Age: _____ Class _____ Day 1 2 3

Dog's Name: _____ Age: _____ Class _____ Day 1 2 3

Dog's Name: _____ Age: _____ Class _____ Day 1 2 3

Dog's Name: _____ Age: _____ Class _____ Day 1 2 3

Fee: \$100 per dog per class per day. Amount paid \$ _____

Statement of Responsibility:

I confirm the dog, handler/owner are eligible for the classes entered.

Handler agrees to assume liability for any damages to persons, property or stock inflicted by the above named dogs to include medical bills, replacement costs, meds, and other costs incidental to the event. I also agree to hold the landowner, its representatives, and SWCDA representatives and anyone connected with the event, blameless in any incident or accident resulting in injury to myself and my animal.

Signature _____ Date _____