

**AUSTRALIAN SHEPHERD CLUB OF AMERICA®****RALLY ENTRY FORM**

PLEASE PRINT OR TYPE ALL INFORMATION

ENTRY NUMBER

HOST CLUB	
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Breed: _____ Color: _____

Registered

Name of Dog: _____

ASCA Registration/Tracking #: _____ Sex: Male Female

Birth Date: _____ Call Name: _____

CLASSES ENTERED FOR EACH TRIAL												
Mark classes that apply	Trial 1 Date			Trial 2 Date			Trial 3 Date			Trial 4 Date		
	Novice	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> A	<input type="checkbox"/> B
Advanced	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
Excellent	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
Masters	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
Non-Regular												
Jump Heights				Total Entry Fees			\$					

Sire: _____

Dam: _____

Breeder(s): _____

If the entry is being handled by a Junior, please provide the necessary info below:

Junior's Relationship to all Owners: _____

Jr. Member ID#: _____ Jr. Birth Date: _____

Junior's Name: _____

Owner: _____ Member ID#: _____

Address: _____

City/State/Zip/Country: _____

Printed Name of Handler

Date

HANDLER, OWNER OR PARENT/LEGAL GUARDIAN (IF JR IS UNDER 18) MUST READ AND SIGN REVERSE SIDE OF THIS FORM**AGREEMENT**

The person who signs this agreement represents that he/she is authorized to enter into this agreement on behalf of both handler and the owner of entered dog. In consideration of acceptance of this entry:

1.1 As used here "ASCA" means the Australian Shepherd Club of America, its Affiliate clubs and each of their Members, Officers, Directors, Employees, Show Chairs, Show Committees and Agents.

1.2. Handler/owner, agree to abide by the rules and regulations of ASCA and any other rules and regulations appearing in the premium for this event.

1.3. Handler/owner certify that the entered dog is not a hazard to persons, dogs, or property and that the entered dog's rabies vaccination is current in accordance with the requirement of the State in which the dog resides.

1.4. Handler/owner acknowledge all hazards presented by the event and the event premises, including, but not limited to, the condition of the floors, stairways, halls, lighting, security measures or lack of, electrical appliances, fittings, show rings, parking areas and the presence of unfamiliar animals and people; exhibitor and owner assume the risk of any harm arising from these.

1.5. Handler/owner released ASCA, the ASCA Affiliate Club (including its Officers, Directors, Members, and Event Organizing Committee, and the site owner(s) (including its Officers, Agents, and Employees) and will defend them and hold harmless from all present and future loss, injury, damage, claims, demands and liabilities, involving the entered dog, the event, or event premises. Without limiting the generality of the foregoing hold harmless provisions, handler/owner assume sole responsibility for and agree to indemnify and save aforementioned parties for damages because of bodily injuries, including death, at any time in consequence of my (our) participation in this event, howsoever this injury or death may be caused, and whether or not same may have been caused or may have been alleged to be caused by negligence of the aforementioned parties or any of their Employees or Agents or any other persons.

Person signing this form is responsible for all errors and rule violations.

I have read, understood, and acknowledge the above agreement.

Signature of Owner/Handler_____
Date_____
Signature of Parent/Legal Guardian of Minor_____
Date_____
Phone Number_____
Email