

# OFFICIAL AMERICAN KENNEL CLUB FIELD TRIAL ENTRY FORM

*Note: This Entry Form Must Be Completed in Full*

Club: WATKC

Location: Coon Rock Horse & Hunt Club, 6180 Erdman Rd, Arena, WI

Date: March 25-26, 2017

I SUBMIT \_\_\_\_\_ entry fees. **EVENT #** 2017408406

Enter I Stake/Test:  Open All-Age  Amateur All-Age  Puppy

<b>NAME OF DOG (Print)</b>		<b>CALL NAME</b>
<b>A.K.C. Reg Number</b>	<b>Or A.K.C. Litter Number (If Dog Not Reg.)</b>	
<b>Or Foreign Reg. No.</b>	<b>And Country of Registry</b>	
Breed - ESS	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/> Date of Birth
Sire		
Dam		
Breeder		
Name of Actual Owner (Print)		
Owner's Address		
City	State	Zip Code
Name of Owners Agent/Handler (Print)		
Phone	Email	

I CERTIFY that I am the actual owner of this dog, or that I am the duly authorized agent of the actual owner whose name I have entered above. In consideration of the acceptance of this entry, I (we) agree to abide by the rules and regulations of The American Kennel Club in effect at the time of this trial, and by any additional rules and regulations appearing in the premium list for this trial, and entry form. I (we) certify and represent that the dog entered is not a hazard to persons or other dogs. The entry is submitted for acceptance on the foregoing representation and Agreement. I (we) agree that the club holding this event has the right to refuse this entry for cause which the club shall deem sufficient. In consideration of the acceptance of this entry and of the holding of this event and of the opportunity to have the dog judged and to win prize money, ribbons, or trophies, I (we) agree to hold the AKC, the event giving club, their members, directors, governors, officers, agents superintendents or show secretary and the owner or lessor of the premises and any provider of services that are necessary to hold this event and any employees or volunteers of the aforementioned parties, and any AKC approved judge, judging at this event, harmless from any claim for loss or injury which may be alleged to have been caused directly or indirectly to any person or thing by the act of this dog while in or about the event premises or grounds or near any entrance thereto, and I (we) personally assume all responsibility and liability for any such claim; and I (we) further agree to hold the aforementioned parties harmless from any claim for loss, injury or damage to this dog.

Additionally, I (we) hereby assume the sole responsibility for and agree to indemnify, defend and save the aforementioned parties harmless from any and all loss and expense (including legal fees) by reason of the liability imposed by law upon any of the aforementioned parties for damage because of bodily injuries, including death at any time resulting therefrom, sustained by any person or persons, including myself (ourselves) or on account of damage to property, arising out of or in consequence of my (our) participation in this event, however such, injuries death or property damage may be caused, and whether or not the same may have been caused or may be alleged to have been caused by the negligence of the aforementioned parties or any of their employees, agents, or any other persons. I (we) agree that any cause of action, controversy or claim arising out of or related to the entry, exhibition or attendance at the event between the AKC and/or this club and myself (ourselves) or as to the construction, interpretation and effect of this Agreement shall be settled by arbitration pursuant to the applicable rules of the American Arbitration Association. However, prior to arbitration all applicable AKC Bylaws, rules and procedures must first be followed as set forth in the AKC Charter and Bylaws, rules, published policies and guidelines. The Rules Applying to Registration and Discipline, as well as other rules, published policies and guidelines are available at [www.akc.org](http://www.akc.org).

**SIGNATURE of Owner or His Agent**

Duly Authorized to Make this Entry \_\_\_\_\_

Address of Agent

(If any signs above line for owner): \_\_\_\_\_

Street: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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