

# AHBA Herding Test & Trials

Please fill out one entry form, per dog

Event Entry Number \_\_\_\_\_

Call Name \_\_\_\_\_ Breed \_\_\_\_\_

Registered Name \_\_\_\_\_

Registry & # \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_

Use this space to provide the **registry** and **number** you will be using to track your dog's results at the AHBA

Sire: \_\_\_\_\_ Dam: \_\_\_\_\_

Owner: \_\_\_\_\_ Breeder \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ Province/State \_\_\_\_\_ Postal/Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Name of handler if other than owner: \_\_\_\_\_

If **not** entering the regular class, please indicate if you are entering Non-Competitive or Exhibition Only.

June 14, 2024											
Trial 1	JHD	<input type="checkbox"/>	HTAD	Level	<input type="text"/>	Non-Competitive	<input checked="" type="checkbox"/>	Exhibition Only	<input type="checkbox"/>	HTCH Points	<input type="text"/>
Trial 2	JHD	<input type="checkbox"/>	HTAD	Level	<input type="text"/>	Non-Competitive	<input checked="" type="checkbox"/>	Exhibition Only	<input type="checkbox"/>	HTCH Points	<input type="text"/>
June 15, 2024											
Trial 3	JHD	<input type="checkbox"/>	HTAD	Level	<input type="text"/>	Non-Competitive	<input type="checkbox"/>	Exhibition Only	<input type="checkbox"/>	HTCH Points	<input type="text"/>
Trial 4	JHD	<input type="checkbox"/>	HTAD	Level	<input type="text"/>	Non-Competitive	<input type="checkbox"/>	Exhibition Only	<input type="checkbox"/>	HTCH Points	<input type="text"/>
June 16, 2024											
Trial 5	JHD	<input type="checkbox"/>	HTAD	Level	<input type="text"/>	Non-Competitive	<input type="checkbox"/>	Exhibition Only	<input type="checkbox"/>	HTCH Points	<input type="text"/>
Trial 6	JHD	<input type="checkbox"/>	HTAD	Level	<input type="text"/>	Non-Competitive	<input type="checkbox"/>	Exhibition Only	<input type="checkbox"/>	HTCH Points	<input type="text"/>

Cheque enclosed: \_\_\_\_\_

In consideration for participation in this event, I agree to assume all responsibility for any claim, loss or damage, of whatever kind or nature, whether to person or property, which may be caused at or near this event, either directly or indirectly, by me or the dog(s) I have entered in or brought to this event. I further agree that I will hold AHBA, Chasin' Dreams, Sheldon Greanya, Leanne Murray, Gerri Quinn-Kucy, Cindy Prescott and Elizabeth van Husen harmless and defend them from any and all liability for any injury, claimed damage or loss, of whatever kind or nature, whether to person or property, caused at or near this event whether directly or indirectly, by or to me or any dog(s) I have entered in or brought to this event. I agree to indemnify AHBA, Chasin' Dreams, Sheldon Greanya, Leanne Murray, Gerri Quinn-Kucy, Cindy Prescott and Elizabeth van Husen for any loss cost or expense including attorney fee and cost to which AHBA, Chasin' Dreams, Sheldon Greanya, Leanne Murray, Gerri Quinn-Kucy, Cindy Prescott and Elizabeth van Husen might be subject to as a result of any claim, suit, loss or damage caused in any way by any act or negligence on my part or on the part of any dog(s) I have entered in or brought to the event. AHBA, Chasin' Dreams, Sheldon Greanya, Leanne Murray, Gerri Quinn-Kucy, Cindy Prescott and Elizabeth van Husen do not have and do not exercise control of the conduct of this event or those present. I certify and represent that the dog(s) I have entered in or brought to this event is(are) not a hazard to other dogs, other animal, or to people.

\_\_\_\_\_  
Signature of owner / agent

\_\_\_\_\_  
Date

# WAIVER

In addition, by signing below, the Participant and/or the Participant's Guardian understands, acknowledges and assumes the inherent risks in participating in the event, including, but not limited to: the potential for bodily injury or illness (including contraction of COVID-19), contact or interaction with others who may have been exposed to COVID-19, permanent disability, paralysis, or loss of life, collision with natural or manmade objects, dangers arising from adverse weather conditions, imperfect venue or field of play conditions, equipment failure, Participants of varying skill levels, inadequate safety measures, circumstances known, unknown or beyond the control of the Organizer, its partners, sponsors, agents, affiliates, director, employees, officers, therapists, or volunteers (together the "**Organization**"), negligence or omission of the Organization (collectively, the "**Risks**"). Participants not following the current COVID-19 requirements will be asked to leave and their entry fee will NOT be refunded.

In consideration for allowing the Participant to participate in the Event, the Participant and/or the Participant's Guardian: (a) release, discharge and forever hold harmless the Organization from any and all liability for damages or loss arising as a result of the Risks of participation in or in connection with the Event; (b) waive any right to sue the Organization in respect of all causes of action (including for injuries or illness caused by their own negligence), claims, demands, damages or losses of any kind that may arise as a result of the Risks of participation in or in connection with the Event, including without limitation the right to make a third party claim or claim over against the Organization arising from the same; and (c) freely assumes all risks associated with the Risks, anything incidental to the Risks, which may arise as a result of participation in or in connection with the Event. **YOU ARE GIVING UP LEGAL RIGHTS TO ANY AND ALL FUTURE CLAIMS AGAINST THE ORGANIZATION.**

I confirm that I have read and fully understand this waiver and release of liability. I sign this waiver and release of liability voluntarily without any inducement, assurance, or warranty being made to me.

PRINT NAME \_\_\_\_\_

Date: \_\_\_\_\_  
(mm/dd/yyyy)

Signature: \_\_\_\_\_  
Participant or Guardian for Minor

Date: \_\_\_\_\_  
(mm/dd/yyyy)