

Samantha Jones Stock dog Herding clinic March 16 and 17, 2024

Cost is \$350.00 per dog, per 2 day clinic. Lunch and water (coffee and tea) will be provided. Dogs may be crated in the agility building which is heated and has a bathroom.

We have a 5 acre field, 1 acre field and 70ft round pen available for all levels.

Please fill out the registration form with your check to hold your spot. Checks will be cashed March 15th. NO refunds after March 1st, unless we have a wait list. Please make checks out to Dash K9 Sports LTD.

Address: 40W505 Tanner Rd Sugar Grove, Il 60554

Dashk9sports@gmail.com

Name:			Email Address:	
Address:				
City:				
State:	zip:		Phone:	
Dog Name		Age		Experience
Dog Name		Age		Experience

Clinic Waiver

I agree to hold Tamara Fanter and Beth Watkins, owners of the property and clinician Kathy Knox, harmless from any claim for loss or injury which may be alleged to have been caused directly or indirectly by myself or my dog (s) to any person, thing or property, while on or about the grounds or near any entrance thereto. I understand that Herding is an inherently dangerous activity, and I personally assume all responsibility and liability for any such claim. I (we) further agree to hold the aforementioned parties harmless from any claim for loss, injury or damage to my (our) dog(s) and myself.

I (we) agree to pay for any cost associated with injury or loss of livestock that is directly or indirectly caused by myself or my dog, regardless who is handling the animal. I agree that the determination of whether an injury is serious will be made by a veterinarian with expertise in the species being examined and designated by the property owners and will be binding on me. Further, I agree to pay for any livestock injuries or the replacement value of the livestock affected in the event

of injury, loss of use, or death to any animal caused by myself or my dog, or occurring while my dog is on the farm grounds. I agree to pay the owner of the livestock fair market value of any animal injured beyond use or life, or I agree to pay the total cost of veterinary care if the injury is deemed to be recoverable to work (as deemed by either the livestock owner or a veterinarian):

Replacement value of ducks is \$50/duck Replacement value of sheep is \$350/head

Additionally, I hereby assume the sole responsibility for, and agree to indemnify, defend and hold the aforementioned parties harmless from any and all loss and expense (including legal, medical and veterinary fees) by reason of the liability imposed by law upon any of the aforementioned parties for damage because of bodily injury(ies), including death or contraction of COVID at any time resulting therefrom, sustained by any person or persons, including myself or on account of damage to property arising from or as a consequence of my training on this property 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 any parties mentioned in this agreement, or any employees, agents or other persons.

I AGREE TO ADHERE TO ANY AND ALL STATE REQUIRED ACTIONS REGARDING COVID, INCLUDING BUT NOT LIMITED TO THE WEARING OF A MASK ON THE NOSE AND MOUTH AT ALL TIMES, NOTIFYING THE OWNERS IN THE EVENT YOU FEEL ILL OR TEST POSITIVE, AND WASHING/DISINFECTING HANDS AS ALLOWED.

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Name (print clearly)	
Full Mailing Address Cell Phone Emergency contact	
Date	
Signature (Demot an Counting mout sign for minors)	Deta Consel
Signature (Parent or Guardian must sign for minors)	Date Signed

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