

Herding Clinic Registration

Dwight Parker Herding Clinic Monday Only, Sept 4, 2016

Please mail this form with your check made out to Shady Acres to:

Paula McCaleb

2290 Bruce McCaleb Rd

Duck River, TN 38454

Handler's name: _____

Address: _____

Phone #: _____

E-mail: _____

Handler's Experience/level: _____

Fill in this info for **each** dog. Use another sheet of paper if needed.

Dog's name: _____

Breed: _____ Age: _____

Dog's Experience/level: _____

Clinic working slots are limited and will be filled on a first come, first serve basis. You must sign the Herding Release and send it in with this form and your check.

One day clinic participant: _____ x \$100 per dog

Auditor Fee one day: _____ x \$30 per person

Total amount due: _____

Payment is due upon registration. Checks will be deposited August 15th, 2016.

Herding Release:

I, _____, certify that I am in good physical health and am capable of participating in herding activities, including working/herding with dogs and livestock either directly or indirectly under the guidance of or association with Dwight Parker and/or Paula McCaleb.

I will assume all responsibility, risks, and hazards incidental to my participation in the above activities and specifically waive, release, absolve, indemnify, covenant not to sue, and agree to hold harmless Dwight Parker and/or his agents, associates, and employees for any and all actions, claims, suits, demands, losses, costs, damages, and expenses (including attorney fees) arising out of any act or omission by myself, my agents, associates, employees, or any animal under the direct or indirect control or supervision of any such person.

In the event that any injury or damage to the livestock should occur due to my conduct or that of my dog, I agree to pay the veterinarian bill if the injury is minor or the current value of the livestock (**\$300/sheep**) if the injury is fatal or leaves the animal unsuitable for working.

It is my understanding that there are inherent risks in herding livestock. I willingly assume all of these risks.

Signature: _____ Date: _____