

4-H Dog Agility Release Form
MUST BRING FORM WITH YOU TO JUDGING

I/we agree to hold the organizing committee, the organization (Montana 4-H, the Montana State Extension Service, and the sponsoring local 4-H group), including its members, officers, directors, and volunteers or employees, the owners of the premises upon which this event is held, and the owners of any equipment used harmless from any claim of loss or injury which may be alleged to have been caused directly or indirectly to any person or thing by act of this dog while in or upon the event premises or grounds or near any entrances hereto, and I/we will 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 of this dog by disappearance, theft, death, or otherwise, and from claim for damage or injury to the dog, whether such loss, disappearance, theft, damage or injury be caused or alleged to be caused by the negligence of the parties aforementioned, or by the negligence of any other person or any other cause or causes. I/we agree to assume the sole responsibility for and agree to indemnify and save the aforementioned parties harmless from any and all loss and expenses (including legal fees) by reason of the liability imposed by law.

4-H Member's Name (please print): _____

4-H Member's Signature: _____

4-H Parent's Signature: _____

1st Dog's Call Name: _____ Breed: _____ Birthdate: _____

2nd Dog's Call Name: _____ Breed: _____ Birthdate: _____

As instructor of the classes this exhibitor and dog have attended this year I attest the following:

Number of Agility Classes Attended This 4-H Year: _____

The dog has been trained on:

- | | | | |
|------------------------------------|--------------------------------------|---|---|
| <input type="checkbox"/> A-Frame | <input type="checkbox"/> Tire Jump | <input type="checkbox"/> See Saw | <input type="checkbox"/> Pause Table |
| <input type="checkbox"/> Long Jump | <input type="checkbox"/> Pipe Tunnel | <input type="checkbox"/> Dog Walk | <input type="checkbox"/> Collapsed Tunnel |
| <input type="checkbox"/> Jumps | <input type="checkbox"/> Weave Poles | <input type="checkbox"/> Other (please list): _____ | |

Name and Address of Training Instructor:

Name (printed): _____

Address: _____

City, State Zip: _____

Phone: _____

Signature of Instructor: _____