



Official Canadian Kennel Club Entry Form

COMPLETE ONE ENTRY FORM PER DOG



Sat. Sept. 12, Test 1 FDXCH ___ FDX ___ FDA ___ FD ___ FDJ ___

Sat. Sept. 12, Test 2 FDXCH ___ FDX ___ FDA ___ FD ___ FDJ ___

Sun. Sept. 13 Test 3 FDXCH ___ FDX ___ FDA ___ FD ___ FDJ ___

FEES: FDJ - \$55/test; FD \$60/test, FDA \$65/test; FDX/FDXCh \$75/test.

Scan and email form to L. Wright, Test Secretary at field@vsolvizsla.org

E-transfers to treasurer@vsolvizsla.org

TCN Fee: \$11.30 (Incl. HST). Must be paid for each test entered.

Remember to submit signed Waiver

PLEASE PRINT CLEARLY

Dog's Call Name:		Breed:	Total Fee Submitted: \$
Dog's Registered Name:			
Reg'n # CKC # _____ ERN # _____ PEN # _____ MCN # _____ TCN # _____ TCN must pay a Fee of #11.30 / test	Date of Birth: Day _____ Month _____ Year _____		Place of Birth: <input type="checkbox"/> Canada <input type="checkbox"/> Elsewhere Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Name of Breeder(s):			
Sire:			
Dam:			
Name of Reg'd Owners(s):			
Name of Authorized Agent or Handler		Handler is under 18 yr. (see pg. 3 under Prizes & Awards) Yes	
Address of Owner / Agent:			
_____ (✓) I CERTIFY: that I am the registered owner(s) of the dog or that I am the authorized agent of the actual owner(s) whose name(s) I have entered above and accept full responsibility for all statements made in this entry. In consideration of the acceptance of this entry, I (we) agree to bound by the rules and regulations of The Canadian Kennel Club and by any additional rules and regulations appearing in the premium list.			
Signature:			
Telephone:		Email:	



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LATE ENTRY FORM



Sept. 12/20 Test 1	FDJ \$60	<input type="checkbox"/>	FD \$65	<input type="checkbox"/>
Sept. 12/20 Test 2	FDJ \$60	<input type="checkbox"/>	FD \$65	<input type="checkbox"/>
Sept. 13/20 Test 3	FDJ \$60	<input type="checkbox"/>	FD \$65	<input type="checkbox"/>

Scan and email form to L. Wright, Test Secretary at field@vs Vizsla.org

E-transfer entry fees to treasurer@vs Vizsla.org

TCN Fee: \$11.30 (Incl. HST). Must be paid for each test entered.

Remember to submit signed Waiver

PLEASE PRINT CLEARLY

Dog's Call Name:	Breed:	Total Fee Submitted: \$
Dog's Registered Name:		
Reg'n # CKC # _____ ERN # _____ PEN # _____ MCN # _____ TCN # _____ TCN must pay a Fee of #11.30 / test	Date of Birth: Day _____ Month _____ Year _____	Place of Birth: Canada _____ Elsewhere _____ Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Name of Breeder(s):		
Sire:		
Dam:		
Name of Reg'd Owners(s):		
Name of Authorized Agent or Handler	Handler is under 18 yr. (see pg. 3) Yes	
Address of Owner / Agent:		
_____ (✓) I CERTIFY: that I am the registered owner(s) of the dog or that I am the authorized agent of the actual owner(s) whose name(s) I have entered above and accept full responsibility for all statements made in this entry. In consideration of the acceptance of this entry, I (we) agree to bound by the rules and regulations of The Canadian Kennel Club and by any additional rules and regulations appearing in the premium list.		
Signature:		
Telephone:	Email:	



ACKNOWLEDGEMENT, RELEASE, INDEMNITY AND WAIVER

Scan and email form to field@vs Vizsla.org with your entry form

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

- By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by attending the Vizsla Society of Ontario Field Tests and that such exposure or infection may result in personal injury, illness, permanent disability, and death.
- I understand that the risk of becoming exposed to or infected by COVID-19 at the VSO event may result from the actions, omissions, or negligence of myself and others, including, but not limited to judges, volunteers, and other participants.
- I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my attendance at this event or participation in this event programming ("Claims"). On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless the **Vizsla Society of Ontario Inc., Ruffwood Game Farm, The Canadian Kennel Club**, its employees, agents, and representatives of and from the claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto.
- By signing this form, I confirm that I have read and will follow all of the VSO rules and COVID-19 safety measures and that I will ensure any adult over the age of 18 years who accompanies me to this event, also signs a separate form and abides by these rules/safety measures.

Assumption of the Risk and Waiver of Liability Relating to Field Tests

- I acknowledge that field tests have inherent dangers and risks associated with them, including, without limitation, those due to the presence and use of firearms, uneven terrain, weather, outdoor conditions, and I agree to assume these dangers and risks.
- If attending as a parent or guardian of a Handler under 18 years of age (considered legally as a "Minor"), I accept all responsibility for the behaviour and health of this Minor.
- I am attending and/or participating in the Vizsla Society of Ontario Inc.'s field tests at my own free will and risk.
- I will indemnify, release and hold harmless the **Vizsla Society of Ontario Inc., The Canadian Kennel Club**, and their respective directors, officers, employees, members, shareholders, and their successors and assigns, as well as judges, gunners and volunteers and their respective heirs, executors and administrators working at this event, and **Ruffwood Game Farm**, owner(s) of the land on which this event is taking place (collectively, the "Indemnified Parties") against any personal injury, loss or injury to myself or my dog(s) including death, damages to personal property, and general loss, claim or liability arising from my and my dog's/dogs' attendance at this event.
- I will indemnify the Indemnified Parties with respect to any claims that arise for injury or loss caused by me or my dog(s).
- I will comply with the Official Premium List requirements and the CKC's Field Dog & Water Tests Rules & Regulations for Pointing Breeds.
- I certify that the dog entered at these tests via this entry form is not a danger or hazard to persons and/or other dogs.

(✓) I have read, understand, and agree to comply with the VSO's COVID-19 Safety Rules.

(✓) I have read, understand, and agree to accept ALL the terms set forth above.

Name (Print)	Indicate in which capacity you will be attending this event: e.g., dog owner/handler, parent/guardian, driver, volunteer, official representative
Date	Signature

If using the Entry Line service, you will be required to complete and sign this form before/upon arrival at the test site.