

HUDSON VALLEY TRACKING CLUB



BEGINNER TRAINING DAYS SEPTEMBER 12 and OCTOBER 10

APPLICATION: Date of workshop _____

Name of handler _____ Address _____

Telephone number _____ Email _____

Name of dog _____ Breed _____ Age _____

I (we) agree to hold Hudson Valley Tracking Club, its members, directors, officers, agents and the owner of the premises used for this event, harmless from any claim for loss or injury which may have alleged to have been caused directly or indirectly to any person or thing by the act of this dog while in or near said premises and I (we) personally assume all responsibility and liability for any such claim and further agree to hold "club" and "owners" harmless from any claim for loss or injury to this dog.

Photos taken at this workshop may be used by HVTC for publicity: YES _____ NO _____

Signature _____

Please make check for \$50 payable to HVTC and mail to Anne A. Smith, PO Box 127, Gardiner, NY 12525