

# Sunday May 19, 2024 SDTC Intra-Club Match Entry Form

Match is at the Cash arena, 17720 SW Elsner Rd, Sherwood, OR 97140

**All runs \$10 (\$11 if using paypal on SDTC website) for 10 minutes, maximum of 2 runs per member.**

Please plan to help run through other dogs by calling the exercises or stewarding. We need help at the end of the match packing up and sweeping up please!

Run order and other information will be emailed out to entrants approximately 1 week prior to the match

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

e-mail: \_\_\_\_\_ phone(s) \_\_\_\_\_

First class requested \_\_\_\_\_ Dog name \_\_\_\_\_

Dog breed \_\_\_\_\_ jump height \_\_\_\_\_

Second class requested \_\_\_\_\_ Dog name \_\_\_\_\_

Dog breed \_\_\_\_\_ jump height \_\_\_\_\_

Amount enclosed \_\_\_\_\_ or Amount paid Paypal \_\_\_\_\_

**By signing this entry form, the exhibitor agrees to the following. Unsigned forms will be returned along with all fees.**

I hereby release the Sherwood Dog Training Club, Inc., the Owners of Cash Arena other animal owners, property owners, instructors, spectators, and/or any other participants from any and all liability for accidents, injuries and/or damages to me, my dog or property caused by participation in any activities including the period of time immediately prior to and/or immediately after the conclusion thereof so long as the animals are located on the premises designated for the activity. I understand that by participation, I am a joint venture participant and assume all liability for injury to my dog, my property or myself occasioned by this participation. This waiver shall be effective from the date of signing.

To the best of my knowledge, I attest that I do not have or have symptoms of COVID-19 at the time of attending this event. I will not have knowingly been in contact with or exposed to any known carrier of COVID-19 within the past 14 days. I agree that I am attending this event entirely at my own risk and take full responsibility for my own health and safety during this event. I will not hold SDTC or any other person affiliated with the event in any way liable for any present or future COVID-19 exposure or illness incurred during or after this event. I agree to follow all SDTC, county, state and CDC rules and requirements to reduce spread and possible exposure to this virus.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**SEND ENTRY/WAIVER FORM WITH FEES TO:  
Betty Rose, 2015 SW 204<sup>th</sup> Ave, Beaverton OR 97003**

**MAKE CHECK OUT TO SDTC**

**Questions? [bettyrose97070@yahoo.com](mailto:bettyrose97070@yahoo.com) or [darlenebrushwein@msn.com](mailto:darlenebrushwein@msn.com)**