

**U.S.P.C.A. REGION 4 POLICE DOG I FIELD TRIALS
MIDDLETON, MA. JUNE 22 – 24, 2012**

Name _____ Title _____

Full Address _____

Department _____ Dept Phone _____

K-9 Name _____ Breed _____ Age _____

Region # _____ CLASS: OPEN _____ NOVICE _____
(FIRST TIME HANDLER ONLY)

REGION 4 RULES REQUIRE THE FOLLOWING BE SIGNED BY YOUR SUPERVISOR:

_____, is employed full time by the _____ police dept
and his/her duties are that of a full time K-9 handler with K-9 _____.

Signature _____ Title _____

Print Name _____ Date _____

LIABILITY AGREEMENT

I hereby waive, release and forever discharge the United States Police Canine Association; U.S.P.C.A. Region 4; the Essex County Sherriff's Department, North Shore Regional Vocational School District, and any and all of their respective agents; members; guests or employees from any physical or mental injury to either myself or my canine, during the PD 1 Field Trials held on June 22 through 24, 2012

I further accept and assume all responsibility and liability for any and all damages or injuries either caused by or received by myself and or my canine to any and all persons or properties while in attending these trials.

I have read and fully understand and accept all the terms and conditions of this agreement, and further agree to abide by all the U.S.P.C.A. rules and regulations pertaining to the PD 1 Field Trials.

Signed _____ Date _____

REGISTRATION DEADLINE 5/22

FEES: \$75, prior to 3/22; \$85 3/23 – 4/30; AFTER 5/1 \$100. Your registration fee covers you and one guest for the banquet. Addition guests are \$25 per person.

YOUR COMPETITORS NUMBER IS ASSIGNED WHEN I RECEIVE YOUR EMAIL.

RETURN COMPLETED FORM TO: Nicole Ledoux 89 Gove St Manchester, N.H. 03102

Please indicate the number of people, including yourself, who will be attending the hospitality night. _____.

REGION USE ONLY

REC'D _____ CHECK # _____ \$ _____ COMP # _____