**ROGUE VALLEY SCHUTZHUND CLUB TRIAL ENTRY FORM 2025**

Dog’s Registered Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dog’s Call Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_H.O.T. Dog Yes\_\_\_\_ No\_\_\_\_

Reg. # (USCA / AKC / SV / Other) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Country\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sex\_\_\_\_\_\_\_\_DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Schutzhund Titles (if any) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_USCA Scorebook#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tattoo/Chip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_USCA, AWDF, ARSA or WUSV Member#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City / State / Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Handler Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City / State / Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Trial Fees**: BH $90 IGP1-3 $110 Gpr1-3 $110 Upr1-3 $110 Fpr1-3 $110 Stp1-3 $110 IGPV $110   
RH – FV, FA, FLV, FLA $110 **Non USCA Members add $50 to all fees**

**TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TRIAL FEE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MAIL ENTRIES**

Diane Griffin, 745 Sable Drive, Roseburg, Oregon 97470 E-mail: [alewyfe@outlook.com](mailto:alewyfe@outlook.com) Phone: (541) 672-3331

**YOUR TRIAL ENTRY MUST ALSO INCLUDE A PHOTOCOPY OF:**

1. Your current USCA Membership Card
2. Scorebook photocopy of the dog’s information page (name, tattoo, registration) and the last trial entry page. To enter this trial, you must have a scorebook issued by the USCA, AWDF, or a WUSV member organization.
3. Include copy of signed liability waiver.

**ORIGINAL SCOREBOOKS MUST BE WITH TRIAL SECRETARY BEFORE BEGINNING OF EVENT**

**AGREEMENT TO HOLD HARMLESS**

**WAIVER AND ASSUMPTION OF RISK**

I, the undersigned, understand attendance at a club trial, seminar, or training session is not without risk to me, members of my family, my dog, or any guests attending these functions. I realize dogs may cause injury even when handled with the highest level of care. I hereby waive and release the Rogue Valley Schutzhund Club (hereinafter referred to as “RVSC”) officers, members, guests, and other agents from any and all liability of any nature, for injury or damage resulting from the actions of any dog, individual, or training activity, and I expressly assume the risk of any such damage or injury while attending any activity or function held by “RVSC” or on any grounds used by “RVSC” in association with “RVSC” activities. I also agree to release from responsibility any person or company upon whose property “RVSC” may be holding any activity.

I hereby agree to indemnify and hold harmless “RVSC”, officers, members, or guests freed of any and all claims, or claims by any member of my family or any other person accompanying me to any activity held or sponsored by “RVSC” or while on grounds used for “RVSC” activities or the surrounding areas thereto as a result of any action by any dog, person, or activity, including those of myself, my family members, or guests.

SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_