STEVENS COUNTY 4-H STATE QUALIFYING SHOW

County: __________________________ Club Name: __________________________

Phone number: __________________________ e-mail __________________________

Parent/Guardian signature: __________________________

Family registrations:

<table>
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<tr>
<th>Member Name</th>
<th>4-H age Level</th>
<th>Dog Name &amp; Breed</th>
<th>Obed. Level (see below for key)</th>
<th>Showmanship</th>
<th>Agility (see below for key)</th>
<th>Jumpers (see below for key)</th>
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Please Mail entries to: Jody Hoffman, 115 W. Cedar Loop; Colville, WA 99114

Clover bud classes: Clover bud showmanship, introductory obedience, introductory Agility classes will be offered, but the classes are not state fair classes.

Obedience Levels: Intro.-Introductory, SN-Sub Novice, BN-Beginner Novice, PN-Pre Novice, N-Novice, GN-Graduate Novice, AN-Advanced Novice

Agility Standard Levels: Intro.-Introductory, Elem-Elementary, Nov-Novice

Agility Jumpers Levels: Intro.-Introductory, Elem-Elementary, Nov-Novice

Extension programs and employment are available to all without discrimination. Evidence of noncompliance may be reported through your local Extension office.
4-H Agility Release Form

I agree to hold the organizing committee, the organization (Washington State 4-H, Washington State University Extension Service, and the sponsoring local 4-H group), including its members, officers, directors, and volunteers or employees, the users of the premises upon which this event is held, and the owners of any equipment used harmless from any claim of loss or injury which may be alleged to have been caused directly or indirectly to any person or thing by act of this dog while upon the event premises or grounds or near any entrances hereto, and I/We will severally assume all responsibility and liability for any such claim. I/We further agree to hold the aforementioned parties harmless from any claim for loss of this dog's life, disappearance, theft, death, or otherwise, and from claim for damage or injury to dog, whether such loss, disappearance, theft, damage or injury be caused for any reason by the negligence of the parties aforementioned, or by the negligence of any other person or any other cause or cause. I/We agree to assume sole responsibility for and agree to indemnify and save the aforementioned parties harmless from any and all loss and expenses (including legal fees) by reason of the liability imposed by law. I/We agree to abide by the rules as stated in Washington 4-H Dog Agility Rules & Guidelines.

Member's signature: __________________________________________

(date please print):____________________________________

Parent's signature: __________________________________________

Name of dog: ____________________________ Breed: ___________ Age: ______

Date of birth: ____________________________

Total number of Agility Classes attended this 4-H year: ______

Type of Club where training was received: ____________________________

(circle below the equipment your dog has been trained on:)

ame tire jump see saw pause table jumps

g jump weave poles dog walk tunnels chute

Washington State 4-H No-Fault Form & Parental Consent & Release Form

Participant:
Name: __________________________________________________________

Address: _________________________________________________________

4-H Club or Group: ______________________________________________

Telephone: ____________________________

Parents:
As parent/guardian of the above individual, I permit the child to participate in 4-H forever discharge claims for damages which the above listed individual, their heirs, executors, and administrators may have or accrue against Washington State Extension, their representatives, agents and accompanying 4-H sponsored activities. I also approve of emergency care for the above individual, under the direction of the event leader or consulting doctor, even if I can't be contacted. (Cross out the last statement if you do not wish to grant medical consent.

I have read, understand and agree to the above statement and do sign this agreement of my own free will.

Parent/guardian signature: _______________________________________

Telephone: ____________________________ date: ________________

Address: _________________________________________________________