

BMDCA DRAFT TEST ENTRY FORM

BERNESE MOUNTAIN DOG CLUB OF NORTHERN CALIFORNIA
 Bohlig Haus, 5355 Timberland Drive, Foresthill, CA 95631
 Three Tests: Friday Oct. 27, Saturday Oct. 28, and Sunday Oct. 29, 2023

ENTRY FEE: \$38 per single dog entry, \$48 per brace team entry

ENTRIES CLOSE at 11:00 PM (PDT), Tuesday, October 17, 2023 after which time entries cannot be accepted, canceled, or altered, except as specifically allowed in the current BMDCA Draft Test Regulations.

IF ENTERING BY MAIL: Please make checks payable to **BMDCNC** and mail fee with Entry Form (2 pages) and any Weight Certificates to: BMDCNC Draft Test, 3444 Broderick St., San Francisco, CA 94123-1803. If sending by express, registered or certified mail, envelopes must be released without a signature. Signature-required entries **MAY NOT** be accepted.

IF ENTERING BY EMAIL: Pay your entry fee online at www.bmdcnc.org/calendar-2/oct-27-29-2023-draft.html and email legible copies of the Entry Form (2 pages), any Weight Certificates, and PayPal receipt to DraftTest@bmdcnc.org.

CONFIRMATION: Entrants will receive confirmation of entry receipt via e-mail.

This form can be filled out on your computer and saved to print or email!

PLEASE TYPE OR PRINT CLEARLY. USE ONE FORM PER DOG AND PER CLASS ENTERED.

BREED		SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	
CLASS: (check one)	<input type="checkbox"/> Novice	Brace Novice: <input type="checkbox"/> Dog 1 <input type="checkbox"/> Dog 2	<input type="checkbox"/> Open Brace Open: <input type="checkbox"/> Dog 1 <input type="checkbox"/> Dog 2
Check Box <i>If any apply:</i>	Weight Certificate enclosed for <input type="checkbox"/> Open Class <input type="checkbox"/> Move-Up	Dog is <input type="checkbox"/> Titled <input type="checkbox"/> Advanced Titled <u>in the Entered Class</u>	<input type="checkbox"/> Dog could earn Advanced Title <u>in the Entered Class</u>
ENTRY FOR:	<input type="checkbox"/> TEST 100 (Friday, Oct. 27)	<input type="checkbox"/> TEST 200 (Saturday, Oct. 28)	<input type="checkbox"/> TEST 300 (Sunday, Oct. 29)
REGISTERED NAME (please include titles)			
CALL NAME		BERNER-GARDE # (BMDs only - required)	
DATE OF BIRTH			
REGISTRATION #		<input type="checkbox"/> American Kennel Club <input type="checkbox"/> Canadian Kennel Club	
BREEDER			
SIRE			
DAM			
ACTUAL OWNER(S)			
OWNER'S ADDRESS			
CITY		STATE	ZIP
TELEPHONE		E-MAIL	

Submitting this form constitutes your agreement to the terms of the Entry Agreement.

ENTRY AGREEMENT

I understand that the club holding this event has the right to refuse this entry. I agree that I am solely responsible for the actions of myself and the dog ("the dog") that accompanies me in relationship to this entry.

In consideration of the acceptance of my entry and the opportunity to participate in this event, I agree to **HOLD HARMLESS and INDEMNIFY** the following listed parties from any claim for loss, damage, or injury alleged to have been caused directly or indirectly by my actions or by the actions of the dog in relationship to this event: the Bernese Mountain Dog Club of America (BMDCA) and the Bernese Mountain Dog Club of Northern California (BMDNC), their members, officers, and agents; the owner and/or lessor of the premises; any provider of services at this event; any employees or volunteers of the parties listed here, and any BMDCA Draft Judge judging at this event. I personally assume **all responsibility and liability** for any such claim. I agree to be responsible for any loss and expense (including legal fees) incurred by any of the listed parties based on claims related in any way to my participation or the actions of the dog in relationship to this event, whether the claims are made by third parties or by myself.

Additionally, I agree to assume the sole responsibility for any loss, damage, or injury (including death) to myself or to the dog in relationship to this event. I agree to **RELEASE, INDEMNIFY and promise not to sue** the parties listed above for any such loss, damage or injury to myself or the dog, regardless of the cause, and whether or not the loss, damage or injury may have been caused by the negligence of the listed parties.

I AGREE THAT ANY CAUSE OF ACTION, CONTROVERSY, OR CLAIM ARISING OUT OF OR RELATED TO THE ENTRY, EXHIBITION, OR ATTENDANCE AT THE EVENT SHALL BE SETTLED BY ARBITRATION PURSUANT TO THE APPLICABLE RULES OF THE AMERICAN ARBITRATION ASSOCIATION. HOWEVER, PRIOR TO ARBITRATION ALL APPLICABLE BMDCA BYLAWS, RULES, REGULATIONS AND PROCEDURES MUST FIRST BE FOLLOWED AS SET FORTH IN THE BMDCA CONSTITUTION AND BYLAWS, RULES, REGULATIONS, PUBLISHED POLICIES AND GUIDELINES.

In consideration of the acceptance of this entry, I agree to abide by rules and Draft Regulations of the Bernese Mountain Dog Club of America (BMDCA) in effect at the time of this BMDCA Draft Test and by any additional rules appearing in the premium list for this event. I certify and represent that the dog entered is not a hazard to persons or other dogs. **I also certify that all the information I provide with this entry is true and correct.** This entry is submitted for acceptance on the foregoing representation and Entry Agreement. I agree to conduct myself in accordance with all such Rules and Regulations (including all provisions applying to discipline) and to abide by any decisions made in accord with them.

Name of Participant:

(Please Print) _____

Signature: _____ **Date:** _____

**Both pages of the Entry Form must be submitted together for a valid entry.
If mailing, double-sided printing is appreciated!**

Submitting this form constitutes your agreement to the terms of the Entry Agreement.

**BERNESE MOUNTAIN DOG CLUB OF AMERICA
DRAFT TEST WEIGHT CERTIFICATE**

NAME OF VET CLINIC: _____

OWNER/HANDLER NAME: _____

DOG'S CALL NAME: _____

VET CLINIC TO FILL IN BY HAND:

I verify on _____ : _____ : Weighed _____ lbs.
(date) *(dog's call name)* *(insert weight)*

(Signature of Vet Clinic employee witnessing weight of dog)

(Position of Vet Clinician)

(Printed Name of Vet Clinic employee signing this form)

(Clinic Phone #)

Please provide **Vet Clinic Stamp** below, **with name and address of the Clinic**, OR have the information above printed/provided on the Vet Clinic's letterhead.

VET STAMP HERE: