

# FREE TO BE RANCH JULY TRIAL



**JULY 21 - 23, 2017**

TRIAL SANCTIONED USBCHA AND NMSDA – ALL CLASSES WILL RUN 3 TIMES

JUDGE TBD

TRIAL LOCATION – FREE TO BE RANCH – 54 CURANDERA RD, MOUNTAINAIR, NM, 87036

FOR INFO, DIRECTIONS, LODGING GO TO WEB PAGE [www.ftbranch.com](http://www.ftbranch.com)

ENTRIES OPEN POSTMARK JUNE 6, 2017. ENTRIES CLOSE AND MUST BE POSTMARKED NO LATER THAN JULY 10 2017. NO REFUNDS AFTER JULY 10, 2017. LATE ENTRIES MAY BE ACCEPTED BETWEEN JUNE 11, 2017 AND JULY 18, 2017 FOR A LATE FEE OF \$10.00 PER HANDLER. DAY OF ENTRIES MAY BE ACCEPTED IF SPACE IS AVAILABLE FOR A \$5.00 PER RUN FEE.

OPEN - \$50.00    OPEN RANCH - \$50.00    NURSERY - \$50.00    RANCH - \$35.00    NOVICE - \$30.00

DOGS NAME	CIRCLE CLASS	CIRCLE DATE	# RUNS	CLASS FEE	\$ TOTAL PER DOG
_____	OPEN OR NUR RANCH NOV	21 22 23	____ X	\$ _____ =	\$ _____
_____	OPEN OR NUR RANCH NOV	21 22 23	____ X	\$ _____ =	\$ _____
_____	OPEN OR NUR RANCH NOV	21 22 23	____ X	\$ _____ =	\$ _____
_____	OPEN OR NUR RANCH NOV	21 22 23	____ X	\$ _____ =	\$ _____
_____	OPEN OR NUR RANCH NOV	21 22 23	____ X	\$ _____ =	\$ _____
_____	OPEN OR NUR RANCH NOV	21 22 23	____ X	\$ _____ =	\$ _____
LATE FEE					\$ _____
TOTAL					\$ _____

MAKE CHECKS PAYABLE TO : FREE TO BE RANCH TRIAL ACCOUNT

**MAIL ENTRIES TO : FREE TO BE RANCH – PO BOX 782 – MOUNTAINAIR – NM – 87036**

HANDLER NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

WAIVER OF RESPONSIBILITY:

I AGREE TO HOLD FREE TO BE RANCH, GERI ABRAMS, ANY EMPLOYEE, AND/OR PROPERTY OWNER, HARMLESS FROM ANY AND ALL CLAIMS FOR THE LOSS OR INJURY WHICH MAY BE ALLEGED TO HAVE BEEN CAUSED DIRECTLY OR INDIRECTLY TO ANY PERSON, DOG, LIVESTOCK, OR THING WHILE IN OR AROUND THE PROPERTY/TRAINING AREA, OR NEAR THE ENTRANCE THERETO AND I ASSUME ALL RESPONSIBILITY AND LIABILITY FOR ANY SUCH CLAIM. I FURTHER AGREE TO HOLD THE AFOREMENTIONED PARTIES HARMLESS FROM ANY AND ALL CLAIMS FOR DAMAGES OR INJURIES TO THE DOG(S) OR PERSON(S) INCURRED DUE TO NEGLIGENCE OF ANY OF THE AFOREMENTIONED PARTIES, OR BY THE NEGLIGENCE OF ANY OTHER PERSON OR OTHER CAUSE OR CAUSES. IN CASE OF INJURY TO ANY LIVESTOCK I WILL ASSUME FULL FINANCIAL RESPONSIBILITY FOR ANY AND ALL DAMAGES. I WILL PAY REPLACEMENT COST FOR ANY LIVESTOCK KILLED, SERIOUSLY INJURED, OR THE MEDICAL BILLS IF SUCH IS REQUIRED. SHEEP COST \$350.00.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_