



Tracking Clinic

Sponsored by WASCUNY

Saturday April 27, 2019

9:00 AM – 4:00 PM

Clinicians: Debra St. Jacques

and Roberta Barili

This clinic is intended for dogs and handlers of any level, or no experience at all. Auditors are encouraged to attend and it is a great way to learn!

Clinic Location: Washington County Fairgrounds, Rt 29, Greenwich, NY

Clinic will be held outdoors in the parking lot on grass. Please dress appropriately. The field work associated with this clinic will require walking but it will be fairly smooth terrain. Participants should be in reasonably good health and physical condition. Like a tracking test, this clinic will go on, rain or shine. Please enroll early, using the attached form, as the clinic fills quickly and the number of working teams is limited.

Participants: Working teams limited to 10 per day, unlimited number of auditors welcome.

Fees: Working team fee is \$50.00 for WASCUNY members or \$75.00 for non-members

Auditor fee is \$25.00 per day

COLD DRINKS WILL BE PROVIDED. PLEASE BRING A LUNCH, CHAIR and SHADE & WATER for YOUR DOGS. There will be shade under the roof of the cow barns where we will sit and talk and where you can set up your crates.

All registrations must be postmarked no later than April 15, 2019. I will email everyone instructions on what to bring for the tracking clinic.

Checks should be made payable to WASCUNY and mailed with registration form to:

Debra St. Jacques (518-636-8392)

58 Bain Rd., Argyle, NY 12809

Entries for working teams must be on the Enrollment Form (last page of this flyer) and don't forget to SIGN the agreement at the bottom.

Questions? Call Deb St. Jacques at 518-636-8392 or email: beauwdbear@gmail.com

ENROLLMENT FORM - WASCUNY - **Tracking Clinic** - Saturday April 27, 2019

\$75 per working team (1 person and 1 dog) or WASCUNY Members \$50
\$25 per auditor

Mail this form AND your check made payable to WASCUNY to:

Debra St. Jacques, 58 Bain Road, Argyle, NY 12809

Name _____

Address _____

Phone No. _____ E-mail _____

Dog's Breed _____ Dog's Call Name _____

Dog's Age _____ Dog's Gender _____

Prior tracking experience, if any:

AGREEMENT TO HOLD HARMLESS, WAIVER AND ASSUMPTION OF RISK

I understand that tracking with the WASCUNY, INC. is not without risk to me, members of my family or guests, my dog(s), other participants, or members of the general public who may attend or be present.

I hereby waive and release The Working Australian Shepherd Club of Upstate New York, Inc. (WASCUNY) and The Washington County Fair and all of their members, officers, boards, and agents from any and all liability of any nature, for injury or damage that I, my family, guests, or dog(s) may suffer while at this clinic.

Additionally, I hereby agree to indemnify and hold harmless WASCUNY, INC. and The Washington County Fair who are allowing me to track on their property during this WASCUNY clinic, and all of their officers, board members and agents from any and all claims, or claims by any other participant, member of the general public, any WASCUNY member, or any member of any family or other person accompanying me or while on the fields or the surrounding area thereto as a result of any action by any dog, including my own during WASCUNY events.

Signature _____ Date _____