

NMSDA MANZANO SDT



AUGUST 27 - 29, 2022

USBCA FRESH RANGE EWE FIELD TRIAL

JUDGE SUSAN SQUIRES

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

FOR INFO, DIRECTIONS, LODGING GO TO WEB PAGE www.nmsda.info

ENTRIES OPEN POSTMARK JULY 5, 2022. ENTRIES CLOSE AND MUST BE POSTMARKED NO LATER THAN JULY 25, 2022. NO REFUNDS AFTER JULY 25, 2022 AT 3:00 PM MST. HANDLERS MAY ENTER UP TO THREE DOGS PER CLASS PER DAY. OPEN, NURSERY AND OPEN RANCH WILL RUN ON FRESH RANGE EWES, RANCH AND NOVICE WILL RUN ON FARM FLOCK. ENTRIES WILL BE DRAWN BY POSTMARK DATE.

OPEN - \$65.00 NURSERY - \$50.00 OPEN RANCH - \$60.00 RANCH - \$40.00 NOVICE - \$40.00

DOGS NAME	CIRCLE CLASS	CIRCLE DATE	# RUN	CLASS FEE	\$ TOTAL PER DOG
_____	OPEN NUR OR RANCH NOV	27 28 29	___ X	\$ ___ =	\$ _____
_____	OPEN NUR OR RANCH NOV	27 28 29	___ X	\$ ___ =	\$ _____
_____	OPEN NUR OR RANCH NOV	27 28 29	___ X	\$ ___ =	\$ _____
_____	OPEN NUR OR RANCH NOV	27 28 29	___ X	\$ ___ =	\$ _____
_____	OPEN NUR OR RANCH NOV	27 28 29	___ X	\$ ___ =	\$ _____
_____	OPEN NUR OR RANCH NOV	27 28 29	___ X	\$ ___ =	\$ _____
TOTAL					\$ _____

MAKE CHECKS PAYABLE TO: NMSDA

MAIL ENTRIES TO : NMSDA – PO BOX 782 – MOUNTAINAIR – NM – 87036

HANDLER NAME _____

ADDRESS _____

EMAIL ADDRESS _____

HOME PHONE _____ CELL PHONE _____

PLEASE BE SURE TO COMPLETE ABOVE ENTRY FORM, SIGN AND DATE THE RELEASE BELOW, INCLUDE PAYMENT FOR TRIAL ENTRIES. IF YOU. IF YOU PLAN ON CAMPING ON SITE PLEASE FILL OUT THAT FORM AS WELL.

FREE TO BE RANCH AND NMSDA STOCK DOG TRIAL WAIVER AND RELEASE OF RESPONSIBILITY

IN CONSIDERATION OF THE ACCEPTANCE OF THIS ENTRY, I WAIVE ANY AND ALL RIGHTS AND CLAIMS I MAY HAVE TO DAMAGES AGAINST FREE TO BE RANCH AND NMSDA, ITS OWNERS AND OPERATORS, GERI ABRAMS, FARM RESIDENTS, TRIAL MANAGERS, VOLUNTEERS, OR THE FACILITY OWNERS, AS WELL AS ALL PERSONS PARTICIPATING DURING THE TRIAL AND THEIR FAMILIES. I AGREE NOT TO HOLD FREE TO BE RANCH AND NMSDA, ITS OWNERS AND OPERATORS, GERI ABRAMS, TRIAL MANAGERS OR ANY TRIAL VOLUNTEERS RESPONSIBLE FOR ANY INJURY OR DAMAGE TO MYSELF, MY PROPERTY, OR MY DOG(S). I ACKNOWLEDGE THE CONTAGIOUS NATURE OF COVID-19 AND VOLUNTARILY ASSUME ALL RISK THAT I MAY BE EXPOSED TO OR INFECTED BY COVID-19 WHILE ATTENDING FREE TO BE RANCH, NMSDA AND MANZANO AUGUST TRIAL AND THAT SUCH EXPOSURE OR INFECTION MAY RESULT IN PERSONAL INJURY, ILLNESS, PERMANENT DISABILITY, AND DEATH. I UNDERSTAND THAT THE RISK OF BECOMING EXPOSED TO OR INFECTED BY COVID-19 AT THE FREE TO BE RANCH, NMSDA AND MANZANO AUGUST TRIAL MAY RESULT FROM THE ACTIONS, OMISSIONS, OR NEGLIGENCE OF MYSELF AND OTHERS, INCLUDING, BUT NOT LIMITED TO, FREE TO BE RANCH, NMSDA AND MANZANO AUGUST TRIAL, OWNERS, OPERATORS, VOLUNTEERS, AND ALL PERSONS PARTICIPATING DURING THE TRIAL AND THEIR FAMILIES. I VOLUNTARILY AGREE THAT IN CASE OF INJURY TO ANY ANIMALS OR DAMAGE TO THE FACILITIES BY MYSELF, MY DOG(S), OR MY FAMILY OR FRIENDS, I WILL ASSUME THE FINANCIAL RESPONSIBILITY IN THE AMOUNT OF THE REPLACEMENT VALUE. I AGREE TO ASSUME ALL OF THE FOREGOING RISKS AND ACCEPT SOLE RESPONSIBILITY FOR ANY INJURY TO MYSELF (INCLUDING BUT NOT LIMITED TO PERSONAL INJURY, DISABILITY, DEATH AND PROPERTY DAMAGE), ILLNESS, DAMAGE, LOSS, CLAIM, LIABILITY, OR EXPENSE, OF ANY KIND THAT I MAY EXPERIENCE OR INCUR IN CONNECTION WITH MY ATTENDANCE AT FREE TO BE RANCH, NMSDA AND MANZANO AUGUST TRIAL. ON MY BEHALF, I HEREBY RELEASE, COVENANT NOT TO SUE, DISCHARGE, AND HOLD HARMLESS FREE TO BE RANCH, NMSDA, ITS OWNERS AND OPERATORS, GERI ABRAMS, FARM RESIDENTS, TRIAL MANAGERS, VOLUNTEERS, OR THE FACILITIES, AS WELL AS ALL PERSONS PARTICIPATING DURING THE TRIAL AND THEIR FAMILIES. SHEEP ARE VALUED AT \$350.00. IN ADDITION TO ABOVE I AGREE TO FOLLOW ALL RULES OF USBCHA, NMSDA, FREE TO BE RANCH AND THE FACILITY OWNERS AND UNDERSTAND FAILURE TO FOLLOW THE RULES I MAY BE ASKED TO LEAVE THE FACILITY IMMEDIATELY BY ANY OF THE FOREMENTIONED PARTIES AND THAT ALL MONIES PAID FOR TRIAL ENTRIES AND OR RV HOOK UP WILL BE FORFEITED AND NO REFUND WILL BE ISSUED.

PRINTED NAME _____

SIGNATURE _____

DATE _____

RV PARKING AT FACILITY REQUEST – DRY CAMPING AND REQUESTS FOR ELECTRIC HOOK UP

NAME _____

CELL NUMBER _____

TYPE OF RV – CIRCLE ONE

CLASS A CLASS B CLASS C BUMPER PULL FIFTH WHEEL/GOOSENECK

LENGTH OF RV _____

DATES OF STAY _____ NUMBER OF NIGHTS _____

_____ DRY CAMPING IS FREE – NO SERVICES ARE PROVIDED – GENERATOR HOURS MAY BE LIMITED DUE TO WEATHER CONDITIONS AND COURTESY FOR OTHERS CAMPERS PARKED NEARBY

_____ I WILL NEED TO RUN A GENERATOR ALL NIGHT

_____ REQUESTING RV ELECTRIC HOOK UP

REQUESTED AMPS _____ 30 AMP - \$30.00 PER NIGHT

_____ 50 AMP - \$40.00 PER NIGHT

PLEASE INCLUDE A SEPARATE CHECK FOR THE RV ELECTRIC HOOK UP REQUESTS ALONG WITH YOUR ENTRY FORM. THE RV CHECK IS TO BE MADE OUT TO FREE TO BE RANCH.

THERE ARE LIMITED RV ELECTRIC HOOK UPS AVAILABLE, YOU WILL BE NOTIFIED AFTER CLOSING DATE IF YOU ARE TO RECEIVE ONE IF NOT YOUR CHECK WILL BE DESTROYED AND YOU WILL BE GIVEN A DRY CAMPING SPOT INSTEAD.

WE ARE OFFERING RANGE EWE PRACTICE SESSIONS

SPOTS WILL BE AVAILABLE ON MONDAY, TUESDAY AND WEDNESDAY FOLLOWING THE TRIAL

TIME SLOTS WILL BE AVAILABLE ON A SIGN UP SHEET UPON ARRIVAL BUT YOU MUST FILL THIS FORM OUT AND MAIL IN WITH YOUR ENTRY TO BE ELIGIBLE TO SIGN UP

TIME SLOTS WILL BE FOR 25 MINUTES - ONLY ONE OR TWO DOGS MAY WORK PER TIME SLOT EACH TIME SLOT

COST WILL BE \$ 25.00 FOR ONE DOG \$ 30.00 IF WORKING TWO DOGS IN THE SAME TIME SLOT

TIME SLOTS WILL BE SCHEDULED FROM 7:30 AM TO 11:30 AM AND AGAIN FROM 4:30 PM TO 7:30 PM

THESE PRACTICE SESSIONS ARE FOR ONLY DOGS ENTERED IN THE TRIAL IN EITHER OPEN, NURSERY OR OPEN RANCH CLASSES

PAYMENT WILL BE MADE AT THE TIME YOU SIGN UP FOR THE PRACTICE SPOTS AND A RELEASE FORM SIGNED

_____	_____	_____	_____
NAME	DOG NAME	CLASS ENTERED IN TRIAL	NUMBER OF SLOTS
_____	_____	_____	_____
NAME	DOG NAME	CLASS ENTERED IN TRIAL	NUMBER OF SLOTS
_____	_____	_____	_____
NAME	DOG NAME	CLASS ENTERED IN TRIAL	NUMBER OF SLOTS
_____	_____	_____	_____
NAME	DOG NAME	CLASS ENTERED IN TRIAL	NUMBER OF SLOTS
_____	_____	_____	_____
NAME	DOG NAME	CLASS ENTERED IN TRIAL	NUMBER OF SLOTS

SIGNATURE _____

DATE _____