Arctic Air Games™ • Registration and Score Sheet

Handler's name:		
Dog's name:		Rabies current? ☐ Yes ☐ No
Street address:		
City:	State:	Zip:
Phone:	E-mail:	
Are you a first time competitor? ☐ Yes ☐ No		

Release and Waiver of Liability

For and in consideration of my participation in the Arctic Air Games™, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I, the undersigned, intending to be legally bound do hereby for myself, my heirs, assigns, executors and administrators, waive and release any and all rights and claims for damages, injuries, illnesses, or diseases arising out of, or in any way related to, my participation in the Arctic Air Games™, which I may have against the following parties: JTL Music Productions, Affiliate Clubs, Bella Vista Training Center; together with the contractors, agents, employees and representatives of each of them. I certify that my canine and I are healthy and fit to compete in the Arctic Air Games™.

I hereby grant to the Arctic Air Games™ and its assignees the exclusive right to record, broadcast, photograph, film and videotape my performances and related interviews at the Arctic Air Games™ and to utilize such recordings, broadcasts, photographs, films or videotapes together with my name, image, likeness, voice, and biographical information, for such publicity, promotional or commercial purposes as they may desire. I understand that the Arctic Air Games™ may assign the right to use the recordings, broadcasts, images, photographs, film and videotape of my performance(s) together with my name, image, likeness, voice and biographical information to such person or other entity (including, but not limited to a television broadcaster) as they may desire without my further consent or knowledge and I expressly agree to such assignment.

Competitor Signature:_____ Date:_____

Parent or Guardian Signature (if under 18):_____ Date:_____

Toss-Fetch ☐ Yes ☐ No		☐ N-Novice	☐ I-Intermediate	☐ E-Expert
Throw 1:	Throw 2:	Throw 3:	Throw 4:	Throw 5:
Throw 6:	Throw 7:	Throw 8:	Throw 9:	**Total:**

Freestyle ☐ Yes ☐ No		☐ N-Novice	☐ I-Intermediate	☐ E-Expert
Canine:	Handler:	Team:	Success:	**Total:**

Time Trial ☐ Yes ☐ No		☐ N-Novice	☐ I-Intermediate	☐ E-Expert
Throw 1	Throw 2			**Time:**

Dartboard ☐ Yes ☐ No		☐ N-Novice	☐ I-Intermediate	☐ E-Expert
Throw 1:	Throw 2:	Throw 3:	Throw 4:	Throw 5:
Throw 6:	Throw 7:	Throw 8:	Throw 9:	**Total:**

Progressive Relay ☐ Yes ☐ No

Register Clear Form