

BULL BREED COALITION REGISTRY

23110 State Road 54 #212
Lutz, FL 33549
813-388-2905
Info@BBCR.com



JUNIOR HANDLER APPLICATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Email: _____

Age: _____ DOB: _____

DOG INFORMATION

Dog Name: _____

Call Name: _____

Breed: _____ Age: _____

Registration #: _____ Sex: _____

PARENT/GUARDIAN INFORMATION

Name: _____

Relation to Handler: _____

Phone: _____ Email: _____

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RELEASE OF LIABILITY

Assumption of Risk: The undersigned hereby acknowledge and agree that they understand the nature of the Event; that Participation is qualified, in good health, and in proper physical condition to participate therein; that there are certain inherent risks and dangers associated with the Event; and that, except as expressly set forth herein, they, knowingly and voluntarily, accept, and assume responsibility for, each of these risks and dangers, and all other risks and dangers that could arise out of, or occurring during, Participant's participation in the Event.

Permission to Use Likeness/Name: The undersigned further agree to allow, without compensation, Participant's likeness and/or name to appear, and to otherwise be used, in material, regardless of media form, promoting the Bull Breed Coalition Registry, and/or its events and activities, including those of its representatives and licensees.

Release and Waiver: The undersigned hereby RELEASE, WAIVE, AND DISCHARGE NOT TO SUE the Bull Breed Coalition Registry *or* any subdivision thereof, and each of them, their officers and employees, from and for any liability resulting from personal injury, accident or illness (including death), however caused, arising from, or in any way related to, Participant's participation in the Event, except for those caused by the willful misconduct, gross negligence or intentional torts of those above parties, as applicable.

Acknowledgement of Understanding: The undersigned have read the assumption of risk, permission to use likeness/name, and the release and waiver portions of this document, and have the opportunity to ask questions about the same. The undersigned fully understand that the undersigned are giving up substantial rights in connection therewith, and that its terms are contractual, and not a mere recital. The undersigned acknowledge that they are signing this agreement freely and voluntarily.

Parent Signature: _____

Date: _____

Participant Signature: _____

Date: _____

OFFICE USE

Handler #: _____

Date Received: _____