

BELLWETHER FARM HERDING CLINIC

Saturday, May 09, 2009

9:00 a.m. – 12:00 noon

Bellwether Farm

815 Bell Hill Road, Cobden IL 62920

(618) 893-4568 (home) or (618) 967-5046 (cell)

mswindel@siu.edu www.bellwetherfarm.com

ENTRY FORM

Name of person:

Name of dog(s) and breed(s):

1)

2)

3)

Address:

Phone #:

E-mail:

Entries:

Number of people _____ and first dog (\$25.00) _____

each additional dog (\$25.00) _____

Spectator fee (no dog) -- (\$10.00 per person) _____

TOTAL _____

RELEASE

I will assume all responsibility, risks and hazards in connection with my participation in the above activities and specifically waive, release, absolve, indemnify, agree not to sue, and agree to hold harmless Mary Swindell, Bellwether Farm, and their agents, associates and employees for any loss, damage or injury to me (including any persons visiting or participating in the above activities with me), any dog or other animal, or to any property arising out of activities at or in connection with Mary Swindell or her employees, associates, and agents.

(signature)

(date)

Please make checks payable to Mary Swindell.

Return signed form with payment to:

Mary Swindell
815 Bell Hill Road
Cobden, IL 62920