

**MULTI-PURPOSE K-9 SEMINAR**  
**Camp Whitcomb Mason, Hartland, WI (USA)**  
**Apr 28-May 1, 2016**

Please refer to the seminar information and schedule posted at [www.nasdn.org](http://www.nasdn.org)

**Seminar Registrations and Evaluation Requests Forms are due by 10 April.**

Late Registrations may be considered on a case by case basis.

Late Evaluation Requests will not be accepted

NO REFUNDS WILL BE MADE AFTER Apr. 17, 2015.

Registration package must contain the following in order to be processed:

- Seminar Registration form
- Release form
- Canine vaccination records
- Evaluation request form (if applicable)
- Fees (check made out to NASDN)

Complete package shall be mailed to:

Sue Hill, NASDN Secretary

S86 W24480 Edgewood Avenue

Big Bend, WI 53103

262-662-3960

seekerhill5@gmail.com

Schedule

27 April	early arrival for instructors and personnel requesting evaluations
28 April	evaluations all day (NO TRAINING), late arrivals for seminar personnel
29 April	training in disciplines, evening lecture
30 April	training in disciplines, evening NASDN meeting and auction
1 May	training in disciplines, departures

Notes:

1. We do not anticipate anyone not getting the class requested, but registration for classes will be done on a first come first served basis. If this does occur, individual will be notified prior to seminar.
2. If you intend to **work** more than one dog at the seminar, you will only be charged \$100 instead of full registration fee for second dog. They should be registered in the same class. If the dogs are in different disciplines/classes, please contact Sue Hill for additional information.
3. There is no additional charge for pet dogs, retired dogs, puppies being socialized etc. Please make a note on the registration form if you are bringing any of these dogs along.
4. If you do not intend to sleep in camp, please provide address you will be residing at during seminar. There will be a discount for this.
5. Late check out on Monday 2 May (no later than 9AM) is possible with prior request.

## REGISTRATION FORM

Name \_\_\_\_\_

Unit/Agency/Dept (if any) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

Canine's Name \_\_\_\_\_ Breed: \_\_\_\_\_

Second working dog name/breed: \_\_\_\_\_

Non working dog(s) name/breed: \_\_\_\_\_

Please indicate your first and second choice for training class.

\_\_\_ Mantrailing      \_\_\_ Cadaver Detection      \_\_\_ Air Scent Area Search

Please indicate date/time of expected arrival \_\_\_\_\_

Please indicate date/time of expected departure \_\_\_\_\_

Will you be sleeping in camp (circle one)      Y / N

If offsite, provide location: \_\_\_\_\_

Please list any food allergies or dietary restrictions:

<b>Fees (US\$)</b>	<b>Description</b>	<b>Unit cost</b>	<b>Total Cost</b>
Seminar ( <i>select one option</i> )	One handler/one dog	\$295	
	One handler/two dogs	\$395	
Staying off site	discount	(-) \$50	
Early Registration	Discount ( <b>before 20 Mar</b> )	(-) \$25	
Eval Request	# requested	\$50 each	
<b>Total Due</b>			

## RELEASE AND COVENANT NOT TO SUE

I, \_\_\_\_\_, the undersigned applicant, having requested the right to participate in the North American Search Dog Network Seminar and Evaluations (the "Seminar") to be held at or in the proximity of Camp Whitcomb Mason, Apr 28 – May 1 2016, such application having been made upon my initiative and in consideration of participation in the Seminar,

I specifically understand and acknowledge that I am aware that there are inherent dangers and risks in the training and evaluation of search dogs, and,

I fully understand that if I am to participate in the Seminar, I accept the inherent dangers and risks to me, my dog or dogs, and my equipment.

NOW, THEREFORE, in consideration for permitting me to participate in such training or activities at the Seminar, I hereby agree not to sue the officers, agents, members, instructors, and their staff and hereby waive and release the officers, agents, members, instructors, and their staff of the following described organizations, to-wit: North American Search Dog Network, Camp Whitcomb or any organization, group or helpers assisting with the Seminar, and their successors and assigns, from all claims, demands, rights, or causes of action, known or unknown, accruing in my favor as a result of personal injuries or loss or damage of property (including my dog or dogs) or any other claim arising from or caused during such training or activity in connection with the North American Search Dog Network Seminar taking place Apr 28 – May 1 2016. The applicant also acknowledges, accepts, executes and agrees to bind to this Release and Covenant Not to Sue all who may hereafter make a claim through or for the undersigned applicant, including, but not limited to, the executors, administrators, successors and assigns of the undersigned applicant. The undersigned applicant also acknowledges that this Release and Covenant Not to Sue may not be changed or amended orally.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

## PROPERTY DAMAGE AGREEMENT

I, \_\_\_\_\_, the undersigned, understand and agree that I am responsible for any and all damages caused by my dog or dogs, including but not limited to property damage and/or injuries to other dogs during activities associated with the North American Search Dog Network Seminar and Evaluations scheduled for Apr 28 – May 1 2016, at or in the vicinity of Camp Whitcomb Mason, Hartland, WI.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

**NASDN APPLICATION FOR EVALUATION**  
**Spring Seminar 2016**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Evaluations are scheduled at Camp Whitcomb Mason on 28 April 2016 only. You must be a member of NASDN to request an evaluation. Each evaluation is \$50. Retests will normally not be allowed.

Please mark each evaluation requested and K9s name. .

Air Scent \_\_\_\_\_  
 Cadaver \_\_\_\_\_  
 Basic Mantrailing \_\_\_\_\_  
 \*Advanced Mantrailing \_\_\_\_\_

\*(must have previously taken and passed the Basic Mantrailing test with NASDN)

Total # evals \_\_\_\_ (x\$50=) Total fees\_\_\_\_\_

Evaluations will be based on the NASDN Evaluation Standards. These are available at [www.nasdn.org](http://www.nasdn.org). Under these Standards, variations of the Cadaver and Area Search test are possible, as time permits. Use this space to request variants.

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