



WESTERN ARIZONA GUN DOG

(www.wazgd.com)

LICENSED NORTH AMERICAN HUNTING RETRIEVER ASSOCIATION FIELD TEST

February 18-19, 2012

POWERS BUTTE WILDLIFE AREA; ARLINGTON, ARIZONA

Entries: Entries will close with the Field Test Secretary at 5 p.m. Monday, **February 13th**. Drawing for the running order will take place immediately thereafter. Mail entry forms with check (payable to WAGD) to the Field Test Secretary:

WAGD
1247 S. 78th St.
Mesa, AZ 85209

Please check in with the Field Marshall and be sure to sign a Waiver of Liability.

Event, Date, Start Time, Entry-Fee, and Judges

Hunter	2/18	8:00 A.M.	\$56.00	Manny Salazar/Ed Foster
Intermediate	2/18	8:00 A.M.	\$61.00	Manny Salazar/Ed Foster
Started*	2/18	8:00 A.M.	\$51.00	Manny Salazar/Ed Foster
Senior	2/18	8:00 A.M.	\$66.00	Debra Bouldin/Pete Test

Event, Date, Start Time, Entry-Fee, and Judges

Hunter	2/19	8:00 A.M.	\$56.00	Debra Bouldin/Pete Test
Intermediate	2/19	8:00 A.M.	\$61.00	Debra Bouldin/Pete Test
Started*	2/19	8:00 A.M.	\$51.00	Debra Bouldin/Pete Test
Senior	2/19	8:00 A.M.	\$66.00	Manny Salazar/Ed Foster

* Start times could vary, depending on the number of dogs entered.

(Non-NAHRA members add \$10 per entry per dog; **current WAGD members deduct \$5 per entry per dog**). Please note that \$1 per entry has been added to the above fees in support of NAHRA's West Regional Fund.

If you are interested in placing an advertisement in the Catalog, please contact Jennifer Hood at rae_hood@hotmail.com or 480-200-2315. Business card Ad \$5, Half Page Ad \$10 or Full Page Ad \$20.

Location and Directions: Powers Butte Wildlife Area: GPS: +33° 17.008', -112° 45.113'

- From Phoenix: From I-10 take highway 85 South toward Gila Bend. After crossing the Gila River bridge (about 3 miles) take first road West into Robbins Butte Wildlife Area, then take the left road at the first fork.
- From the West: Drive east toward Phoenix on I-10 and exit on State Route 85 South to Gila Bend. After crossing the Gila River bridge (about 3 miles) take first road West into Robbins Butte Wildlife Area, then take the left road at the first fork.
- From the South: From Gila Bend on State Route 85 drive North to the turnoff to Robbins Butte Wildlife Area (about 4 miles North of the Lewis Prison complex). Turn west into the area, then take the left road at the first fork.

Birds: Pigeons, Ducks, Pheasants or Chukars.

Prizes: NAHRA rosettes will be awarded to all qualifying dogs

SCRATCH POLICY: Full refund before entries close for bitches in season, injury or illness. NO bitches in heat allowed on test grounds. All scratches must be accompanied by a Veterinarian's certificate if received after the closing date.

GROUND TRAINING: NO participating dog may be trained on test grounds 5 days prior to the test.

FIELD TEST COMMITTEE: CHAIRMAN-Roger May; FIELD TEST SECRETARY-Jennifer Hood; HEAD MARSHALL-Linda Salazar; GUN CAPTAIN-Richard Horst; BIRD STEWARD-Larry White, Jr.

CLUB OFFICERS: President: Roger May; Vice President: Richard Horst; Secretary: Jennifer Hood; Treasurer: Candra May

Below is a list of nearby lodging:

Best Western: (623) 932-3210; 55 N. Litchfield Rd.; Goodyear, AZ

Comfort Suites: (623) 936-6000; 8421 W. McDowell Rd.; Tolleson, AZ

Days Inn of Buckeye: (623) 386-5400; 25205 W. Yuma Rd., Buckeye, AZ

Ramada Inn: (623) 932-9191; 1770 Dysart Rd.; Goodyear, AZ

Westward Motel: (623) 386-4665; 945 E. Montana Ave.; Buckeye, AZ

Wingate Inn & Suites: (623) 547-1313; 1188 N. Dysart Rd.; Goodyear, AZ

Those wishing to stay overnight in their trailer or RV, please contact the Field Test Secretary (email: maydayretrievers@yahoo.com) for directions to a special parking area.

Join us Saturday Night for Tailgate Dinner and Raffle. Dinner will be free for all (donations are appreciated). Lunch will be available for purchase by those not volunteering (volunteers eat free).

Western Arizona Gun Dog ("WAGD")

WAGD Agreement and Release of Liability

(Please Note that we require an Agreement and Release of Liability for each person at our test.)

Executed (date) _____ for February 18-19, 2012. Print name _____.

Address _____ City _____ State _____ Zip _____

County _____ Phone _____

I (signature) _____ hereby acknowledge that I have voluntarily applied to participate or be a spectator in the sport shooting and/or dog hunt test activities conducted on the grounds of **Powers Butte Wildlife Management Area, owned by the State of Arizona, in Arlington, AZ**, and that these grounds will be used for the hunting of live birds with loaded firearms or the use of live/dead birds for simulated hunting dog activities. **On February 18 and 19, 2012, these grounds will be used only for the use of live/dead birds for simulated hunting dog activities." No actual hunting situations!**

I am aware that hunting dog activities (where live guns and ammo are used) could be a hazardous activity and I am **voluntarily** participating or watching these activities with knowledge and appreciation of the danger involved and hereby agree to accept any and all risks of property damage, injury, or death. **INITIAL**_____.

As **LAWFUL CONSIDERATION** for being permitted to participate in these activities and use these facilities, I agree that I, my heirs, distributees, guardians, legal representatives, and assigns **WILL NOT MAKE A CLAIM AGAINST, SUE, ATTACH THE PROPERTY OF, OR PROSECUTE PROPERTY OWNERS, AGENTS AND AFFILIATED ORGANIZATIONS FOR INJURY TO MY PERSON OR DAMAGE TO MY PROPERTY RESULTING FROM THE PASSIVE OR ACTIVE NEGLIGENCE OR OTHER ACTS, HOWEVER CAUSED**, by an agent, as a result of my participation in any of the activities conducted on the grounds listed above.

In addition, I hereby **RELEASE AND DISCHARGE PROPERTY OWNERS, ITS AFFILIATED ORGANIZATIONS, OFFICERS, DIRECTORS, MEMBERS**, from all actions, claims, or demands that I, my heirs, distributees, guardians, legal representatives, or assignees now have or may in the future have for an injury to my person or damage to my property resulting from my participation in sport shooting, hunting, or dog tests on the grounds listed.

Further, I hereby agree to **COMPENSATE OR REIMBURSE** property owners, affiliates, members of any organization for any claims brought against them for the property damage or personal injury or death which arise as a result of my passive or active negligence or other act(s) while participating in the activities in which I am involved.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND CONTRACT BETWEEN MYSELF, LAND OWNERS AND ANY OTHER ORGANIZATION AFFILIATED WITH THE DEMONSTRATION. I HAVE SIGNED THIS OF MY OWN FREE WILL FOR MYSELF AND FOR ANYONE WHOM I AM GUARDIAN OR PARENT OF WHO IS UNDER 18 YEARS OF AGE.

Signature _____

1  **NORTH AMERICAN HUNTING RETRIEVER ASSOCIATION**
OFFICIAL ENTRY FORM

Club:		
Location:		
Event Day/Date:		
STAKE: <small>(One Stake per Entry Form)</small> <input type="checkbox"/> Started <input type="checkbox"/> Hunter <input type="checkbox"/> Intern <input type="checkbox"/> Senior		
IS DOG REGISTERED? <input type="checkbox"/> YES <input type="checkbox"/> NO		REG # or FTN #
REGISTRY	DATE OF BIRTH	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
REG. NAME:		
CALL NAME:	BREED:	COLOR:
BREEDER:		
SIRE:		
DAM:		
HANDLER:		
OWNER:		
STREET:		
CITY:	STATE:	ZIP:
IS OWNER A MEMBER OF NAHRA? <input type="checkbox"/> YES <input type="checkbox"/> NO		
NAHRA MEMBERSHIP NUMBER:	EXPIRATION DATE:	
SIGNATURE OF OWNER OR AGENT:	PHONE NUMBER:	
Email:		

JUDGES INITIALS:		QUALIFIED: <input type="checkbox"/> YES <input type="checkbox"/> NO
1.	2.	DOG NUMBER:
3.	4.	
OFFICIAL USE ONLY		

2  **NORTH AMERICAN HUNTING RETRIEVER ASSOCIATION**
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Club:		
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STAKE: <small>(One Stake per Entry Form)</small> <input type="checkbox"/> Started <input type="checkbox"/> Hunter <input type="checkbox"/> Intern <input type="checkbox"/> Senior		
IS DOG REGISTERED? <input type="checkbox"/> YES <input type="checkbox"/> NO		REG # or FTN #
REGISTRY	DATE OF BIRTH	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
REG. NAME:		
CALL NAME:	BREED:	COLOR:
BREEDER:		
SIRE:		
DAM:		
HANDLER:		
OWNER:		
STREET:		
CITY:	STATE:	ZIP:
IS OWNER A MEMBER OF NAHRA? <input type="checkbox"/> YES <input type="checkbox"/> NO		
NAHRA MEMBERSHIP NUMBER:	EXPIRATION DATE:	
SIGNATURE OF OWNER OR AGENT:	PHONE NUMBER:	
Email:		

JUDGES INITIALS:		QUALIFIED: <input type="checkbox"/> YES <input type="checkbox"/> NO
1.	2.	DOG NUMBER:
3.	4.	
OFFICIAL USE ONLY		