

ORT Registration Form

K9 Nosin' Around NACSW™ – Odor Recognition Test

Saturday, August 20, 2022

Mountain High Chapel
8444 Hwy 285
Morrison, CO 80465

Registration Fee - Payment by check or money order payable to **K9 Nosin' Around**.
\$35/odor tested/ dog. Please mail completed registration form and signed waiver via
USPS with your registration fee to:

K9 Nosin' Around
6657 High Dr
Morrison, CO 80465

Questions: Contact Kim Whorton, 720-272-0732, 8:00 am MT - 8:00 pm MT or
k9nosinaround@gmail.com *** Please check the box for each odor test you wish to
enter. ***

Odor: Birch Anise Clove

Test date(s): August 20, 2022

Dog's Call Name _____

Breed(s) _____

Dog's NACSW™ # _____

Handler's Name _____

Handler's NACSW™ Membership # _____

Address _____

City _____ State _____ Zip _____

Phone where you can easily be reached _____ E-mail Address

**An ORT must be taken and passed at least 14 days before a trial opening date to be
eligible for the first draw period. Please contact your host at least 1 day before the ORT
if your female dog will be in season.**

All confirmations will be sent via e-mail with attachment within 7 days of receipt of complete
registration form and payment. If you require a confirmation via USPS, you must provide a self-
addressed stamped envelope.

I/We hereby assume all risks of, and responsibility for, accidents and/or damage to myself or to my property or to others, resulting from the actions of my dog. I/We expressly agree that Kim Whorton, K9 Nosin' Around, the Mountain High Chapel, and/or NACSW™ or any other person, or persons, of said groups, shall not be held liable personally, or collectively, under any circumstances, for injury, and/or damage to my person, for loss or injury to my property, whether due to uncontrolled dogs or negligence of any member of said groups, or any other cause, or causes.

Signed: _____ Date: _____

For second run dogs, please copy the above form and submit both.

WAIVER OF LIABILITY AND INFORMED CONSENT

I understand that participating in the NACSW sanctioned Odor Recognition Test (ORT) (the “Event”), whether as a participant, a volunteer or a spectator, holds some risk. These risks include, but are not limited to, that the behavior of dogs and other domestic animals is sometimes unpredictable, cannot be guaranteed, and can result in serious personal injury or death to bystanders, as well as extensive property damage. In addition, I and/or my dog may be exposed to challenging, treacherous or unstable terrain and footing during the Event.

Acknowledging my awareness of the risks associated with participating or observing any type of detection style training or competition, I hereby waive and release any claim or cause of action that I may otherwise have against Amy Herot, Jill-Marie O’Brien, K9 Nose Work®, National Association of Canine Scent Work, LLC®, Kim Whorton, K9 Nosin’ Around, and their respective employees, officers, directors, agents, or contractors (collectively, the “Released Parties”) for any claim or cause of action for personal injury or property damage (collectively, a “Claim”) arising out of or in connection with events, accidents or other occurrences at the Event, except to the extent that the Claim arises out of the intentional misconduct or gross negligence of the Released Party. I further agree to defend, indemnify, and hold harmless each Released Party from and against any and all claims, damages, costs and expenses arising out of or in connection with any Claim that is based, in whole or in part, on acts or omissions by me or by any person or animal for whom or for which I have or had responsibility or control.

I represent and affirm that to the best of my knowledge and belief: (1) I do not have COVID-19 nor am I waiting for test results; (2) I have not been tested and found positive for COVID-19 or if I have tested positive for COVID-19, I certify that I have been released by government officials and/or health care providers to resume normal activity without limit; (3) If I have experienced symptoms associated with COVID-19 including fever, coughing, or shortness of breath or if I have been in contact with or exposed to any known carrier of COVID-19, I have met the current CDC recommendations regarding testing and/or quarantine. I am representing my condition as of signing, and if, as of the later time of the event, there has been any change in any of the conditions represented, I am obligated to formally notify the event host of the changed conditions at the time of and before participating in the event.

I agree to follow any specific event guidelines, precautions and requirements to mitigate the possibility of event participants or attendees contracting or spreading COVID-19. I understand the risks of contracting or being exposed to COVID-19 associated with my attendance at this event, and I knowingly accept those risks. I agree to waive, release and hold harmless all Released Parties from and against any claim, liability, loss or expense arising from or based upon a COVID-19 infection acquired by myself or any of my family members or associates as a result of or contemporaneous with attendance or participation at this event.

Participation in NACSW events requires adherence to all host, facility, and jurisdictional guidelines and requirements relating to COVID-19. This may include testing, vaccinations, quarantines, temperature checks and other safety measures.

I have read, understand and agree to the above:

Name (Print)

Signature

Date

