

Type of Event: Cur Feist Both

Club Name:		
City:	State:	Zip:
GPS Address of location	for events:	
Applicant's Name:		
Mailing Address:		
City:	State:	Zip:
Phone:		
Contact Person for Ev	vents (Complete if different t	than the above)
Name:	Phone:	<u> </u>
any such claim, action of pation in this event whit serted on behalf of any on my behalf. I further a ages or other form of leg UKC or host club repressuant to the official UKC In addition to the above abide by all rules, and a event as scheduled by	or lawsuit seeking legal damages on might be made or asserted to minor child or any other person, gree by signing this form to waiving al relief based on any action, desentative or any decision made to Rules and Regulations governing waiver of liability, my signature baccept the inherent rights and particular to the second	udge or UKC representative from in any form as a result of particity myself, or which might be asagent participating in the event and release any claim for damcision, or judgment made by any by any approved UKC Judge purgethis event. below signifies my agreement to bowers of UKC at the time of the proval to host events may be re-
Signature of Event Spor	isor	Date