



Doberman Pinscher Club of America

Date of Test: _____

Assigned Test No. _____

Working Aptitude Evaluation Entry Form

CONDITIONS FOR PARTICIPATION:

By my signature below, I acknowledge that I have read, understood, and accept the following conditions for participation in this Working Aptitude Evaluation set forth as follows:

1. I understand that this event will be conducted pursuant to the rules and regulations of the Doberman Pinscher Club of America (DPCA). I have read those rules and regulations, understand them, and agree to abide by them.
2. I accept and assume sole responsibility for my actions and the actions of the dog that I handle in this event and any dogs that I may bring to this event. I understand and agree that the DPCA, the club or group holding this event, and their agents and/or employees, including the WAE personnel, assume no responsibility for any loss, damage, or injury sustained by exhibitors, handlers, spectators, their dogs or property, as the result of my actions or the actions of any dogs that I bring to this event, and I release them from any such liability. I further understand that if I bring any children to this event, I am responsible to assure that those children are adequately supervised and controlled at all times.
3. I hereby assume the sole responsibility for, and agree to hold the host club, the DPCA, its board, officers and WAE personnel harmless from, any and all injuries, losses, damages or claims arising from my participation in this event, and to indemnify them in the event of any claim arising out of such injuries, losses, damages or claims.
4. Passing scores shall be published on www.dpca.org.

If your dog passes the WAE today and thereby earns a Working Aptitude Certificate, copies of existing titles must be attached to this entry form if you wish them to be included on the WAC.

THIS FORM MUST BE COMPLETE AND LEGIBLE

Registered name of dog			
AKC Reg #	Date of birth		Gender
Breeder of dog			
Name of Sire			
Name of Dam			
Name of owner(s)			
Address			
City	State	Zip	Country
e-mail			Phone

Signature: _____ Date: _____