Spend the day learning about the Texas 4-H Dog Project with EXPERIENCED dog trainers, project leaders and Extension Agents!

Learn:
- What the Dog Project is all about
- Performance Contests
- Knowledge Contests
- How to start training your dog
- About other fun parts of the dog project

The 4-H Dog Project is a great way to be involved, have fun, and learn some new tricks for you AND your dog. If you have a dog in your backyard and want to be involved in a neat project this is for you. Come and Learn More...

**ENTRY DEADLINE: POSTMARK April 9, 2012**

SEND TO: Dallas County AgriLife Extension Office, 10056 Marsh Ln, Suite B-101, Dallas, Texas 75229
Fax: 214-904-3080 or e-mail: tdmcgaughy@ag.tamu.edu

COST
- $25 / 4-H participant with dog (See form)
- $15 / 4-H participants without a dog

4-H leaders, parents or county agents that want to come can observe for FREE.

LOCATION
Kaufman County Junior Livestock Show Grounds
South Hwy 34 Kaufman, TX
GPS coordinates: 32°33'50.43 N 96°19'17.24 W

Sessions Include:
- Performance Events: Obedience, Rally, Agility, Showmanship, and Conformation
- Knowledge Events: Dog Trivia, Dog Breed I.D., Equipment I.D. and Animal Photography Session

Novice and Advanced Options are available!

Questions? Call Tamra McGaughy at (214) 904-3051 or tdmcgaughy@ag.tamu.edu

PLEASE NOTE, THIS IS NOT A DROP OFF CAMP. YOUTH AND DOGS MUST BE SUPERVISED BY AN ADULT.

Individuals with disabilities who require an auxiliary aid, service, or accommodation to participate in this exhibit are encouraged to contact Dallas County Extension at (214) 904-3051 at least two weeks prior to the event.

Extension programs serve people of all ages, regardless of race, color, socioeconomic level, religion, disability or national origin. The Texas A&M University System, the U.S Department of Agriculture, and the County Commissioners Courts of Texas cooperating.
Our purpose for this dog project is to gain information and skill in owning and training a dog. In doing so, we hope to grow and develop a greater understanding of our dogs and ourselves.

LET’S HAVE FUN!!!

Things to be aware of:
1. We will stress lots and lots of praise, immediate correction and then praise again when the dog has done it correctly. Be consistent.
2. If a member appears too small or young to handle their dog, a parent or guardian will needed to help in double handling. A muzzle may be required.
3. The instructor reserves the right to remove any dog if he or she feels it is in the best interest of the class.
4. Abusive behavior will not be tolerated, and you will be asked to leave if repeated.
5. IF your female is in heat, you must keep her away from the others and always be last in the class. If your dog, or others in your household, are or have been sick, PLEASE DO NOT bring it to class.

SPECIAL NOTES!!!

PLEASE READ!!!

Things to bring
- Rabies Certificate and copy of health records.
- Crate or plan for your dog during rest times.
- Treats: DO NOT feed your dog right before class.
  - Low value treats: their regular dog food
  - High Value treats: soft, chewy bite size. (dog treats specifically designed for training or hot dogs, cheese, cooked chicken etc. cut into bite size pieces
- Bags/pooper scooper etc. to clean up after your dog
- Water bowl and water
- Closed toed shoes for participants.
- 4-H appropriate clothes: sneakers, t-shirts, and pants or shorts with pockets are recommended.
- Parent/guardian
  - Collar (PLEASE see note on right)
  - Leash (PLEASE see note on right)

Collar: In addition to the dog’s regular buckle collar, you should also have a metal training collar (commonly known as a choke chain) and should be fitted so that it is about 4” longer than the circumference of the dog’s neck (providing it will slip over the dog’s head easily), of appropriate ring size for the size of the dog. The collar should be put on with the loose end (the end that the leash is attached to) coming over the top of the dog’s neck. The collar is put on in this way so that when it is jerked and released, the collar will not stay tight and hurt. Collars will be checked at registration.

Leash: The leash should be of soft leather or cotton webbing (nylon) 6 ft. long, of appropriate with for the size of the dog. No chain leashes will be allowed as it will hurt the member’s hands, thus causing weak and inconsistent correcting of the dog. If you have a small child and a large dog, please bring an additional leash that is longer than 6 ft.

Do NOT Bring:
- Full skirts
- Open toed shoes, crocs, flip flops
- Spike collars
- Sick dogs
10 Things you can do at home before you come!

1. Can your dog recognize its name?
2. Can your dog sit on command?
3. Practice your happy voice
4. Practice playing with your dog.
5. Take over feeding your dog.
6. Practice walking your dog on a leash.
7. Expose your dog to a crate/kennel.
8. Take a short car ride with your dog to prepare for the trip.
9. Take your dog around other dogs (with parental help) to see how it reacts.
10. Discover what type treats your dog likes best.

Food for You and your best friend!

Concession Stand provided by Kaufman County 4-H
Registration Form

Participant Name (first and last)_________________________________________ County______________________________

Address________________________________ City_________________________________ St. ___ Zip Code______________

Phone_________________________ E-mail______________________________________ Age ______

Breed*_______________________ (If mixed breed, list predominate breeds-what does it look like?)

Circle one of the following:

(Novice: No training /Basic training  Advanced: Moderate experience)

Skill Level: Novice  Advanced

___With dog ($25)  ___ Without Dog ($15)

**INCLUDE CURRENT DHLPP, RABIES, AND BORDETELLA VACCINATION RECORDS WITH ENTRY**

Attending Parent/Leader Name_________________________________________ County______________________________

Address________________________________ City_________________________________ St. ___ Zip Code______________

Phone_________________________ E-mail______________________________________ Relation to 4Her______________

Number of attendees:

_____ $15/person without a dog (one adult per child with dog is required)

_____ $25/participant with a dog (4-H member, 4-H parent, 4-H leader, or Agent with dog)

_____ FREE (4-H parent, 4-H leader, or Agent without dog wanting to observe)

_____ Total amount

Make checks payable to District IV TEA4-HA

Send entry form, waiver, vaccination records, and payment to

Mail: Dallas County AgriLife Extension Office, Attn: Tamra McGaughy
10056 Marsh Ln, Suite B-101, Dallas TX 75229

Email: tdmcgaughy@ag.tamu.edu

Fax: 214-904-3080

Questions? Call Tamra McGaughy at (214) 904-3051 or tdmcgaughy@ag.tamu.edu
WAIVER, INDEMNIFICATION, AND MEDICAL TREATMENT AUTHORIZATION FORM

Exhibitor’s Name: __________________________ County: __________________________ Dist.: __________

1. EXCULPATORY CLAUSE. In consideration for receiving permission for my/my child’s participation in any and all activities of DOG O Rama (herein referred to as “camp”), which is sponsored by Texas AgriLife Extension Service and Texas 4-H and Youth Development Program, (herein referred to as “sponsor”), I hereby release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes sponsor, The Texas A&M University System, the Board of Regents for The Texas A&M University System, Texas AgriLife Extension Service, Texas 4-H and Youth Development Program, Texas 4-H Youth Development Foundation, Texas A&M University, and their members, officers, servants, agents, volunteers, or employees (herein referred to as RELEASEES or INDEMNITEES) from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney’s fees and expenses, that may be sustained by me/my child while participating in such activity, while traveling to and from the activity, or while on the premises owned or leased by RELEASEES, including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES. I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

2. INDEMNITY CLAUSE. I am fully aware that there are inherent risks to my child, myself and others involved with this activity, including but not limited to routine activities and events, and I choose to voluntarily participate/allow my child to participate in said activity with full knowledge that the activity may be hazardous to me, my child and my property, and to the person and property of others. I acknowledge there may be physically strenuous activities. I know of no medical reason why I/my child should not participate. I agree to indemnify and hold harmless INDEMNITEES from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney’s fees and expenses, which may occur to myself, my child, other participants, and third-parties as a result of my/my child’s participation in said activity, including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of INDEMNITEES.

3. NO INSURANCE. I understand that RELEASEES may or may not maintain any insurance policy covering any circumstance arising from my/my child’s participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage. Organization may not carry general liability insurance to cover claims arising from this activity so it seeks a waiver of claims as additional consideration for the right to participate so organization, can (a) provide the activity at the lowest possible cost to participants; and (b) provide access to a greater number of participants by expending limited resources on program materials rather than on liability insurance.

4. BINDS HEIRS. It is my express intent that this agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of Texas.

5. MEDICAL AUTHORIZATION, INDEMNITY FOR MEDICAL EXPENSES, and WAIVER. I understand RELEASEES cannot be expected to control all of the risks articulated in this form and RELEASEES may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required, as determined by a medical professional at the medical facility, during my/my child’s participation in this activity with the understanding that the cost of any such treatment will be my responsibility. I agree to indemnify and hold harmless INDEMNITEES for any costs incurred to treat me/my child, even if an INDEMNITEE has signed hospital documentation promising to pay for the treatment due to my inability to sign the documentation. I further agree to release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes, RELEASEES from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney’s fees and expenses, that may be sustained by me/my child while receiving medical care or in deciding to seek medical care, including while traveling to and from a medical care facility, including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES. I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.
6. VOLUNTARY SIGNATURE. In signing this agreement I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed; sponsor has not made and I have not relied on any oral representations, statements, or inducements apart from the terms contained in this agreement. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future. I understand I can choose not to sign this document and free myself and my child from its terms and the associated risks of the activity by simply not participating in the activity and choosing some other activity available to me/my child that has a lower level of risk to myself and my child. I further understand this is a voluntary, extracurricular activity. While I understand alternative activities are available to me/my child that do not have the risks associated with this activity I still desire to voluntarily engage/permit my child to engage in this activity.

SIGNING THIS DOCUMENT INVOLVES THE WAIVER OF VALUABLE LEGAL RIGHTS.
CONSULT YOUR ATTORNEY BEFORE SIGNING THIS DOCUMENT.

SIGNED this day of , 20

Participant Signature:

Printed Name:

County

Participant’s Date of Birth:

Parent or Legal Guardian Signature: (If participant is under 18 years old)

Parent or Legal Guardian Printed Name: (If participant is under 18 years old)

In case of emergency, contact

at the following number

If the participant has medical insurance, please indicate:

Insurance Company:

Policy Number:

Name of Primary Policy Holder:

Please list any special services your child may require: