

SANTA GERTRUDIS BREEDERS INTERNATIONAL
P.O. Box 14100
Kansas City, Missouri 64101-4100
(816) 595-2441 Fax: (816) 842-6931

INITIAL REGISTRATION APPLICATION

See back for instructions and transfer form
V2 -- October 2007

Herd# _____
Breeder's Name _____
Address _____
City, State, Zip _____

#	PARENT'S INFORMATION					CALF'S INFORMATION							WEANING DATA						
	DAM REG # *	DAM ID	SIRE REG # *	SIRE ID	CALF ID *	D.O.B. *	SEX *	BWT	GRP	BIRTH TYPE*	CALF'S NAME	SERVICE TYPE*	HPS *	REG *	CE	WEAN DATE	WN WT	MGMT	GRP
1																			
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			
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I hereby certify and declare that this is a true and correct statement, and I desire to have same recorded in the SGBI Herd book. In consideration of which I agree to abide and be bound by the Articles of Incorporation, Bylaws, Constitution, Rules and Regulations of Santa Gertrudis Breeders International (the "Association") and amendments thereto. This performance information may be used for Association breed improvement programs. The applicant(s), for themselves, their heirs, successors, and assigns, for good and valuable consideration, hereby (1) RELEASE, ACQUIT, AND FOREVER DISCHARGE the Association and its directors, officers, members, employees, and/or agents from any and all claims, causes of action, or demands arising out of or related to their service to or membership in the Association (including, but not limited to, any claims, causes of action, or demands arising out of the negligence of such persons); and (2) agree to be bound by the mandatory and binding arbitration provisions in the Association's Bylaws. Any claim, for damages or otherwise, asserted against the Association or against its directors, officers, members, employees, and/or agents is hereby limited to the first time dues paid in connection with this application and the subsequent annual dues, including any per head fees. The applicants expressly waive any claim for special damages, including claims for lost profits.

NOTE: DATA FIELDS MARKED WITH AN * MUST BE COMPLETED

Applicant's Signature _____ Date _____

