

# PARTICIPANT REGISTRATION AND WAIVER FORM

Sunday, October 2, 2022 | Brooklyn Fairgrounds | Registration opens at 11:00 a.m.

Fees: Pet & 1 Adult over 18: \$15.00 | 12 & Over No Pet: \$5.00 | Kids Under 12 are Free

Register at the event, or pre-register by Friday, September 23, 2022.

Make checks payable to: DKH Foundation/NECT Cancer Fund

Mail completed form and payment to: DKH Foundation Office P.O. Box 632 Putnam, CT 06260

*\*\*\*The first 100 dogs registered will receive a registration gift\*\*\**

Name: \_\_\_\_\_ Over 18? \_\_\_ Yes \_\_\_ No (if no, list age): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Dog's Name: \_\_\_\_\_ Breed: \_\_\_\_\_

My Dog is up to date on all shots \_\_\_ Yes \_\_\_ No

*(Bring proof of rabies vaccination or your dog's valid town license day of event)*



## Canines for Cancer Care Event Rules:

- Dogs must be screened by a veterinarian on site as they are checked in.
- We reserve the right to turn away any dog that is a threat to other participants.
- There is a limit of one dog per person.
- Dogs must be on a leash at all times. (Maximum leash length of 6 ft)
- Dogs in heat will be turned away.
- The event is limited to dogs and people.
- Participants are responsible for cleaning up after their dogs.
- Children under 12 must be accompanied by an adult.

## Release & Consent

As a participant in Canines for Cancer Care, I, for myself, my executor, administrators, heirs, devisees and assigns do hereby discharge the Day Kimball Healthcare, the event site, their management, their officers, board members, employees, members, sponsors, volunteers, organizers or their representatives, or their successors and all cooperating businesses and organizations from all claims of damages, demands, actions and causes whatsoever in any matter arising from or growing out of my participation or that of my dog/dogs in the event.

I understand that participating in the walk includes an element of risk for both me and my dog. I should not participate unless my dog or I are physically able. I also understand that vehicle traffic will be present at the event and I assume any and all responsibility including but not limited to falls, illness, contact with other dogs, spectators, weather or surface conditions on the path. I also affirm that the dog I will be walking is up to date on their rabies vaccination. I agree to abide by the rules of the event.

I understand and give permission for the DKH Foundation, their agents, staff, and others working or volunteering for it the free use of my name, picture, audio, or video recordings and that of my minor family members and pet in any broadcast, telecast, print or promotional purpose. I waive any right I may have to inspect and approve the final reproductions or any copy that may be used in connection with the event.

By signing this document I agree to all terms and conditions of the above waiver.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature (Parent or Guardian if under 18 years old):  
\_\_\_\_\_

