



Registration Form

To help speed up the registration process, please print and fill out this form and bring the day of the event.

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

DOG'S NAME: _____ AGE: _____ HSSW ALUMNI: Y / N

DOG'S NAME: _____ AGE: _____ HSSW ALUMNI: Y / N

DOG'S NAME: _____ AGE: _____ HSSW ALUMNI: Y / N

DOG'S NAME: _____ AGE: _____ HSSW ALUMNI: Y / N

FEE: \$15/DOG

Release Agreement

IMPORTANT: Every participant MUST complete a Release Agreement form. Please read this document carefully and sign below.

1. Dog(s) must be non-aggressive and willing swimmers.
2. Dog owners are responsible for the health and welfare of their dog(s).
3. Dog owners must keep dog(s) under control at all times.
4. Dogs(s) are of a proper temperament to participate and safely interact with people and other animals.
5. I do not have any conditions that will increase my likelihood of experiencing injuries while participating in Doggie Dive.

In consideration of the Humane Society for Southwest Washington permitting (your name)

to participate in the Doggie Dive, on Saturday, September 21, 2019 (the "Event"), I hereby, WAIVE AND RELEASE ANY AND ALL RIGHTS, LIABILITY, CLAIMS, AND CAUSES OF ACTION OF ANY NATURE WHATSOEVER I may have against the Humane Society for Southwest Washington and Lake Shore Athletic Club, and their respective officers, directors, employees, agents, assignees, licensees, and volunteers, and any other cooperating entities, and their respective officers, directors, employees, representatives, and volunteers (the "Released Parties") arising out of or relating, directly or indirectly, to any claim, loss, damage, or injury, including death, that I or my animals(s) may suffer or sustain, or that any property belonging to me may sustain, while participating in the Event, REGARDLESS OF WHETHER SUCH LOSS IS CAUSED BY THE NEGLIGENCE OF THE RELEASED PARTIES or otherwise and regardless of whether such liability arises in tort, contract, strict liability, or otherwise, to the fullest extent allowed by law.

I UNDERSTAND THAT THIS MEANS THAT I AGREE NOT TO SUE any or all of the Released Parties in connection with the Event. I am voluntarily participating in the Event and I expressly agree to assume sole responsibility for all risks of any accidents or personal injury, including death, illness, physical or mental harm, bodily injury, loss or property damage which I and/or my dog(s) may suffer as a result of my participation in the Event.

By signing this document, I certify that I have read and fully understand it and that I am not relying on any oral or written statements or representations of any of the Released Parties apart from this document. I am at least eighteen years of age, fully competent, and I am executing this document for full, adequate and complete consideration fully intending that I, the members of my family, spouse, and my estate shall be and are bound hereby.

Signature of Participant: _____ Date: _____

STAFF USE ONLY
Total Number of Dogs: _____ Total Fee: _____ Additional Donations: _____
<input type="radio"/> Credit <input type="radio"/> Cash