



**“Hike for the Homeless” Dog Walk**  
**May 12, 2012**  
**9 a.m. to noon**  
**Ripple Ball Fields, Shippensburg**



**Participant Registration and Waiver Form**

This form must be filled out and handed in to the Cumberland Valley Animal Shelter.

Participant Name: \_\_\_\_\_

Team Name (if applicable): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Preferred Method of Contact:  Home Phone  Work Phone  Email

Dog’s Name: \_\_\_\_\_ Vet’s Name: \_\_\_\_\_

Vet’s Phone Number: \_\_\_\_\_

**Waiver:** All participants MUST read and sign

- I waive and release all rights and claim for damage against the organizers or anyone else associated with Hike for the Homeless, for any injuries suffered by me or my dog as a result of taking part in the day’s activities.
- I will be responsible for the conduct of my dog, keeping him/her leashed at all times and cleaning up after my pet. I will not bring a female dog in heat or a dog known to be aggressive toward people or other dogs.
- I certify that my dog is up to date on vaccinations and has a current dog license.
- As a participant with the Cumberland Valley Animal Shelter, I, for myself, my executor, administrators, and assigns, do hereby release and discharge the Cumberland Valley Animal Shelter, the event site, their management, their officers, members, sponsors, 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 manner arising or growing out of my participation or that of my child in this event.
- I give my full permission for the use of my name and photograph in this event.
- I also give my full permission for such first aid as is deemed necessary to be provided to me or my child on the premises or prior to transport to a hospital for further treatment.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (if participant is under 18)