

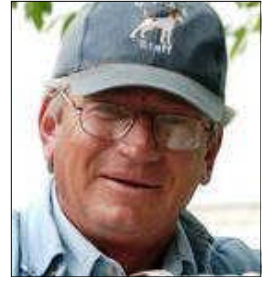


Howl to Heal Memorial Dog Walk

April 28, 2012

11 a.m. — 3 p.m.

Hawthorne Arena, Wilson College



In memory of
John W. Hepfer Jr.

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: _____

Team/Individual Commitment Fee: \$20.00/team or \$5.00/individual

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 Howl to Heal, 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 and Wilson College, I, for myself, my executor, administrators, and assigns, do hereby release and discharge the Cumberland Valley Animal Shelter and Wilson College, 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)