



Paws On The Run 5K Registration Information

First Name: _____ Last Name: _____

Age on Race Day _____ Gender: M F

Shirt Size: S M L XL 2XL

Division: 5K (30 lbs & Under) 5K (31 lbs & Over) 5K (No Dog)

Registration Fee: Early \$30.00 Race Day \$35.00

Address: _____ City _____ State _____

1st Dog's Name: _____

2nd Dog's Name: _____

Dog Vaccinations REQUIRED

_____ I confirm that my dog(s) is/are current on all vaccinations and will not be a danger to any of the other dogs or participants. (please initial)

Email Address: _____ Cell #: _____

Waiver of Liability

ACCIDENT WAIVER AND RELEASE OF LIABILITY I acknowledge that the registered event is an extreme test of a person's physical and mental limit and carries with it the potential for death, serious injury and property loss. I hereby assume all the risks for participating in this event. I acknowledge that this Accident Waiver and Release of Liability (AWRL) will be used by the event holders, participants, sponsors, service providers, and organizers in which I may participate and that it will govern my actions and the responsibilities at said event.

In consideration of my application and permitting me to participate in the event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors and assigns as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter accrue to me, including but not limited to Blue Raven Race Productions, their directors, officers, employees, volunteers, representatives and agents, the event holders, event sponsors, event directors, event volunteers; (B) Indemnify and Hold Harmless the entities or person(s) mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of my actions during the event.

I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident and/or illness during the event. This AWRL shall be construed broadly to provide release and waiver to the maximum extent permissible under the applicable law.

I grant permission to the event organizers and Blue Raven Race Productions or Race Sponsors to use my name, image, and photographs, videos, or any other record of my participation in the event for race commercial purposes.

Agree to Waiver *

I have read, understand, and agree to the terms of the Accident Waiver of Liability Form.

Signature _____ Date: _____

Mail with Check To: Blue Raven Productions
11475 Cagle Rd, Arbor Vitae, WI 54568