

Carroll Police Department K9 5K

K9 5K Entry Form

Benefiting the CPD K9 Fund

September 23, 2017

Swan Lake State Park, Carroll, Iowa

Check In: 8:00AM Race Start: 10:00AM

\$25 per entry, children 12 years old and under FREE

Entry Closing Date: September 15, 2017 @ 5:00PM



(Please Print, Only one entry form per person)

Name

Last _____ First _____ Middle _____

Male _____ Female _____ Date of Birth (MM/DD/YY) _____ Age _____

Shirt Size: S _____ M _____ L _____ XL _____ XXL _____

Address

Street _____

City _____ State _____ Zip _____

Phone _____ Email _____

Pet Info

Name _____ Breed _____ M _____ F _____

Age _____ Date of last rabies vaccination (MM/DD/YY) _____

(All pets need to be kept on a leash at all times. If your pet has shown aggression, please muzzle during event. Rabies vaccination record must be presented upon request in case of bite incident.)



Carroll Police Department K9 5K

Event Information/ Regulations



Date: September 23, 2017

Time: Check In Start: 8:00AM Race Start: 10:00AM

Place: Swan Lake State Park, Carroll, Iowa (East Shore Shelter House)

Entry Fee: \$25 per entry, children 12 years old and under FREE

Entry Close: September 15, 2017 @ 5:00PM

Please make checks payable to: Carroll Police Department K9 Fund

All entry forms with payment must be submitted by 5:00PM either by mailing to the Carroll Police Department or by dropping off at the Carroll Police Department front office. Once payment and entry form is received, you will receive an email with the Event Waiver and Release of Liability Form attached. This form will need to be printed out, read, and initialed/signed so that it can be turned in at the registration table on September 23, 2017. If mailing in your payment and event registration form, payment must be in the form of check and can be mailed to the address listed below:

Carroll Police Department

112 E. 5th St.

Carroll, IA 51401

Attn: CPD K9 5K

Event Rules/Regulations:

All pets must be kept on a leash at all times.

If pet has shown aggressive behavior in the past, please muzzle for the event.

In case of bite incident, rabies vaccination records must be presented upon request.

All children ages 12 and under must be accompanied by an adult.

Event Waiver and Release of Liability Form must be completed and turned in at registration on the day of the event, otherwise participation will not be allowed.



Carroll Police Department K9 5K

Event Waiver and Release of Liability



WARNING: READ THIS EVENT WAIVER AND RELEASE OF LIABILITY AGREEMENT (THE "AGREEMENT") CAREFULLY. THIS AGREEMENT INCLUDES A RELEASE OF LIABILITY AND WAIVER OF LEGAL RIGHTS. BE AWARE THAT BY EXECUTING THIS AGREEMENT AND PARTICIPATING IN THIS EVENT, YOU WILL BE EXPRESSLY ASSUMING THE RISK AND LEGAL LIABILITY, AND WAIVING AND RELEASING ANY CLAIMS FOR INJURIES, DAMAGES, OR LOSS WHICH YOU MIGHT SUSTAIN AS A RESULT OF ANY ACTIVITIES CONNECTED WITH PARTICIPATION IN THE EVENT. DO NOT SIGN THIS AGREEMENT UNLESS YOU HAVE READ IT IN ITS ENTIRETY. SEEK THE ADVICE OF LEGAL COUNSEL IF YOU ARE UNSURE OF ITS EFFECT.

Warning of Risks and Assumption of Risks. Participation in the Event may challenge and engage your physical and mental resources. You should not participate in the Event if you have any health conditions affecting your ability to participate. You should seek advice from your physician before participating in the Event if you have any pre-existing medical conditions. There is always a risk of injury when participating in exercise activities and, understandably, not all hazards and dangers can be foreseen. Participation in the Event may involve inherent risks, dangers and hazards, which may occur without warning, or be due to poor skill level, lack of conditioning, carelessness and other unforeseen, unidentified or unexpected perils inherent in physical activities. By execution of this Agreement, I acknowledge that I understand the risk and danger of accidents, physical injury, effects of exercise, and the unpredictable nature of the human body and the activities inherent in the nature of this Event. I acknowledge that I am a voluntary participant in this Event, and in good physical condition. I further acknowledge that physical exercise and participation in this Event will challenge and engage my physical resources. I have either visited with my physician and received doctor's advice and consent to my exercise program or have waived such advice and consent of my doctor, and accept any and all risks.

Waiver, Release and Indemnification. I UNDERSTAND AND ACKNOWLEDGE THAT NEITHER THE SPONSOR NOR ANY OF ITS AFFILIATES ARE INSURERS OF MY CONDUCT AND SAFETY. I KNOW THAT THIS EVENT IS A POTENTIALLY HAZARDOUS ACTIVITY AND I HEREBY ASSUME FULL AND COMPLETE RESPONSIBILITY FOR ANY INJURY OR ACCIDENT WHICH MAY OCCUR DURING MY PARTICIPATION IN THIS EVENT. TO THE FULLEST EXTENT PERMITTED BY LAW, I HEREBY RELEASE, WAIVE, HOLD HARMLESS AND COVENANT NOT TO FILE SUIT AGAINST THIS EVENT, THE SPONSOR AND ANY AFFILIATED INDIVIDUALS OR ENTITIES ASSOCIATED WITH THIS EVENT (INCLUDING ALL TRUSTEES, DIRECTORS, MANAGERS, OFFICERS, EMPLOYEES, VOLUNTEERS, AGENTS AND REPRESENTATIVES OF THE SPONSOR) (THE "RELEASEES") FROM ANY AND ALL LOSSES, DAMAGES, LIABILITIES OR OTHER CLAIMS AND CAUSES OF ACTION WHATSOEVER THAT I MAY HAVE ARISING OUT OF MY PARTICIPATION IN THIS EVENT, INCLUDING PERSONAL INJURY, DEATH OR DAMAGE SUFFERED BY ME, MY PERSONAL PROPERTY OR OTHERS, WHETHER THE SAME BE CAUSED BY FALLS, CONTACT WITH OTHER PARTICIPANTS AND/OR THEIR PETS, CONDITIONS OF THE COURSE, NEGLIGENCE OF THE RELEASEES OR OTHERWISE. I AGREE THAT, IN THE EVENT ANY PERSON BRINGS ANY CLAIM OR ACTION INDIVIDUALLY OR ON MY BEHALF, RELATED TO ANY INJURY OR LOSS SUFFERED BY ME AS A RESULT OF MY PARTICIPATION IN THE EVENT, THAT I WILL INDEMNIFY THE RELEASEES AGAINST SUCH CLAIMS, INCLUDING THE

PAYMENT OF ATTORNEY FEES. I AGREE THAT THIS AGREEMENT SHALL BIND MY GUARDIAN, ASSIGNS, HEIRS, ADMINISTRATORS AND EXECUTORS FOREVER.

I understand that this Waiver and Release may be stored electronically and agree that a copy is authentic and admissible as evidence in any future dispute or proceedings. If I do not follow the rules of this Event, I understand that I may be removed from the Event.

Please Initial and Sign Below

Your signature will signify your understanding, acceptance, and authorization to accept the conditions of this legal document, including the following statements: (Initial in spaces provided in front of each statement.)

_____ I have read, have understood, and do accept the agreement above.

_____ I understand that this is a legal document with effects that I approve and authorize.

_____ The registrant is the person(s) whose name is submitted as the recipient of the goods and services provided as a result of this transaction.

_____ I am authorized to agree to the terms of this document on behalf of the registrant.

_____ If the registrant is under 18 years of age, incapacitated, or mentally challenged, I assert that I am the parent/legal guardian or otherwise authorized to execute a legally binding agreement on behalf of the registrant.

You must be 18 years of age to legally complete this registration. If the registrant is under 18, an authorized adult must complete this form.

Signature: _____

Date: _____

Printed Name: _____

If registrant is under the age of 18, please fill in spaces below.

Parent/Guardian Signature: _____

Date: _____

Printed Name of Parent/Guardian: _____