

Cassville Pup-Poolzooza Dog Swim Registration

Name _____

Address _____

City _____ State _____ Zip Code _____

Primary Phone _____

Dog's Name _____

All dogs need to be current on rabies and DHLPP vaccinations and need to free of external parasites such as fleas and ticks. Proof of vaccinations is required at the gate before dogs will be admitted to the pool area.

Rabies: Date Given by Veterinarian _____

DHLPP(DAP): Date Given _____

Veterinarian's Name: _____ Phone: _____

Cost of this event is \$10 per dog per family. Additional dogs in the same family will get a reduced rate of \$5 each additional dog.

All proceeds from this event will benefit the Cassville Dog Park.

Make checks payable to Friends of the Cassville Dog Park.

LIABILITY WAIVER AND INDEMNIFICATION AGREEMENT

Part 1 I fully release and discharge the Village of Cassville and its employees, directors and volunteers from any and all claims or damages, including claims or damages arising from injuries, death or property damage, which may arise out of or occur in connection with my use of the Village of Cassville facilities, the programs offered by Village of Cassville or allegedly caused by the negligence of Village of Cassville, except for those resulting from the intentional or reckless acts of the Village of Cassville or its employees, directors and I further agree to indemnify and hold harmless Village of Cassville and its employees, directors, and volunteers from any and all claims or damages, costs or expenses, incurred by Village of Cassville, its employees, directors, and volunteers which result from or relate to my use of the Penny & Myra Eckstein facilities and the programs offered by Village of Cassville except for those resulting from the intentional or reckless acts of Village of Cassville or its officers, or employees.

I have been offered the opportunity to negotiate the terms and conditions of this liability waiver and indemnification agreement; however, I choose to accept the terms and conditions of this agreement as they are, without negotiation. Part 2 In addition to my participation in general activities programs, I acknowledge that certain risks apply when using other persons property. The undersigned hereby recognizes and acknowledges that certain risks of physical injury and property damage exist when participating in the programs offered by the Village of Cassville, including but not limited to the drowning while swimming, and death or serious injury from diving, swimming for extended periods of time or great distances, or falling while participating in other activities offered by Village of Cassville.

I agree to release all claims or injury or damage to or for myself or my child/ward arising from the negligence of Village of Cassville any of its directors, officers, employees or volunteers. I acknowledge that I have been provided with adequate time to read this release, obtain any I might need, and bargain for the opportunity to participate in activities without signing this release

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ THE AGREEMENT, RELEASE AND ASSUMPTION OF THE RISK, THAT I UNDERSTAND IT AND AGREE TO BE BOUND BY ITS TERM

Name _____ Date _____

Co-sponsored by the Friends of the Cassville Dog Park, Cassville, WI 53806