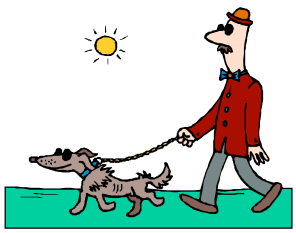
Mutt Strut 2008
REGISTRATION FORM



Sunday, September 21, 2008
Silver Hill Tech Park, Route 88, Newark

(Please print clearly)

Human Participant _____ Age ___ Canine Participant _____

Address _____ City _____ State _____ Zip _____

Home phone _____ Work phone _____

Email Address_____

Early Registration Fee (see below for benefit*): ☐ $ 10.00 per Individual ☐ $ 25.00 per family

Registration Fee at the Mutt Strut (no guarantee of benefit* below):

☐ $ 10.00 per Individual ☐ $ 25.00 per family

* Benefit includes a bandana for all participating canines, and a matching T-shirt guaranteed to all early registrants bringing $40.00 in paid donations per individual on the day of the walk.

T-shirt size (circle one) SM Med Lrg XL XXL

Make Checks Payable to: **HSWC Mutt Strut 2008**
Mail this registration form to: **The Humane Society of Wayne County**
Mutt Strut 2008
1*475* County House Road
Lyons, New York 14489

Dog gone it! I can't make it but please accept my donation of $ _____ in support of the Humane Society of Wayne County.
How did you learn about the Mutt Strut? _____
Did you participate last year? _____
Are you interested in becoming a HSWC member? _____
Are you interested in participating in future events? _____

Waiver/Release: In consideration of my signing this agreement, I hereby for heirs, my administrators, and myself assume any and all risk which might be associated with the walk. I waive and release any and all rights and claims for damages which I may have against organizers and any others connected with these events, their representatives, successors, and assigns for any injuries or damages of any kind whatsoever suffered by me as a result of taking part in the walk and any related activities. Additionally, I understand and agree to permit HSWC and the Sponsors of this event to use for publicity or promotional purposes any pictures of me and/or my dog without liability or obligation to me.
I certify that my dog is up-to-date and current with all inoculations including rabies vaccine, and will provide proof of a current rabies vaccination upon request.

_____ Date: _____
Entrant's signature

_____ Date: _____
Parent Signature (if under 18 years old)