

L.A.P.S. Canine 4K REGISTRATION FORM

(Please print legibly. Your email address will be used to notify you for next year's event.)

LAST Name _____

FIRST Name _____

DOG(S) Name(s) _____

PO Box/Street Address _____

City, State & Zip code _____

Email address _____

Human's Gender: Male _____ Female _____

Human's Age at race day _____

I will WALK _____ I will RUN _____ I'll participate without dog _____

Pre-Registration: (mailed in: received by Saturday before race) or later on Eventbrite: \$25 for 1st Dog and only \$15 for each additional dog

Race Day Registration: \$30 for 1st Dog and only \$15 for each additional dog

JOIN L.A.P.S. NOW to help the animals of Summit County!

\$20 Individual _____ \$30 Family _____ \$50 Supporting _____ \$100 Business _____

TOTAL AMOUNT ENCLOSED \$ _____

Make Checks payable to L.A.P.S. & remember to enclose proof of RABIES VACCINATION and sign your WAIVER RELEASE! Please mail to: L.A.P.S. PO Box 2512, Frisco, CO 80443

Questions? Email us laps@colorado.net or go online www.summitlaps.com

WAIVER & RELEASE

I understand that participating in the L.A.P.S. K94K event includes an element of risk for both myself and any dogs I have entered. I should not participate unless the dog(s) and I are physically able and properly trained. I agree to abide by any decision of an event official relative to my and my dogs' ability to complete this event safely. I further agree that event officials may authorize necessary emergency treatment for me or the dog(s). I also understand that both vehicle traffic and spectators may be present along the course and I assume the risk of participating under such conditions. I further assume any and all other risks associated with participating in this event including, but not limited to, illness, travel to or from the event, falls, contact with spectators, other participants or dogs, weather conditions, and the surface conditions of the roads and sidewalks, all such risks being understood and appreciated by me. I also affirm that the dog(s) have current rabies vaccinations. I further agree to abide by all rules of participation for this event. Having read this waiver and knowing these facts, and in consideration of my entry, I hereby for myself, my heirs, executors, administrators or anyone else who might claim on my behalf, covenant not to sue, and waive, release and discharge event officials, volunteers and any other sponsors, suppliers, agents, independent contractors, employees and other personnel in any way assisting with this event from any claims or liability of any kind whatsoever arising out of my participation in this event, carelessness on the part of the persons or parties named in this waiver. I also understand and agree that any sponsor may subsequently use, for promotional or publicity purposes, my name or photos of me and/or my pet(s) without obligation to or permission from me.

Entries from minors will be accepted only with a parent or legal guardian's signature.

Date: _____

Signature of Participant: _____

Signature of Parent/Guardian for Participant under 18: _____