

# DoG Street Strut • Group Registration Form

General registration is \$35/walker. Groups of 10 or more registrants get **\$10 OFF** registration = **\$25/walker**

**Please e-mail completed forms to:** jennifer@heritagehumane.org

**\*Each participant must sign the liability waver form**

Name	Email Address	T-Shirt Size

DoG Street Strut Participants **\$35.00** (Groups of 10 or more get \$10 OFF, = **\$25/walker**)

**GROUP NAME:** \_\_\_\_\_

**PAYMENT METHOD:**

Check Enclosed (please make payable to Heritage Humane Society)

OR charge my:       Visa     MasterCard     Discover     AMEX

CC# \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CV# (code on card back): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ **EMAIL Required:** \_\_\_\_\_

Name on card: \_\_\_\_\_

# DoG Street Strut • Liability Waiver Form

## LIABILITY RELEASE FORM

In consideration of the opportunity to participate in the operation of the Heritage Humane Society (HHS), and in further consideration of the permission to enter for that purpose upon the premises of the Heritage Humane Society located at 430 Waller Mill Road, Williamsburg, VA 23185, the receipt of such opportunity being hereby acknowledged, the undersigned hereby releases of HHS and its agents, officers, servants and employees, the city of Williamsburg and the county of York of and from any and all liability, claims, demands, actions and causes of action whatsoever, arising out of or related to any loss, damage or injury, or any property of the undersigned, while in, on, or upon the premises, or any premises leased to, owned by, sanctioned by, or while under the control of supervision of HHS, or while in route to or from the premises or any other premises leased to or under the control of supervision of HHS. The undersigned being duly aware of the risks and hazards inherent upon entering upon said premises and/or in participating in any and all aspects of the operations of the HHS at said premises, knowing the current conditions, operations and risks and knowing that these conditions, operations and risks may become more hazardous and dangerous during the time that the undersigned is upon the said premises, the undersigned hereby voluntarily assumes all risks of loss, damage, or injury, including death, that may be sustained by the undersigned, or any property of the undersigned while in, on or upon said premises. The undersigned further releases the HHS from any liability arising from any acts or omissions of its agents, officers, servants, employees and authorized volunteers, wherever such acts or omissions occur. The release shall be binding upon the distributees, heirs, next of kin, executors, administrators and personal representatives of the undersigned. In signing the foregoing release, the undersigned hereby acknowledges and represents (a) that she or he has read the release, understands it, and signs it voluntarily; (b) that she or he is over 18 years of age and of sound mind; (c) that she or he is the legal parent or guardian of the following children who are between the age(s) of 12 and 17 and are covered by all provisions of this release.

Agree Name: \_\_\_\_\_  
Signature: \_\_\_\_\_



**SATURDAY**  
**APRIL 13**

**HISTORIC**  
**DOWNTOWN**  
Williamsburg, Virginia