WALK N' WAG – LIABILITY WAIVER AND PARTICIPANT AGREEMENT

Friends of the Jefferson County Animal Shelter
Event Location: Norton King's Daughters Health, Madison, Indiana

Participant Information

Name: _____
Address: _____
City/State/ZIP: _____
Phone: _____
Email: _____

Emergency Contact

Name: _____
Phone: _____

LIABILITY WAIVER AND RELEASE

In consideration of being allowed to participate in the Walk N' Wag event (the "Event"), I, the undersigned participant, acknowledge and agree to the following:

ASSUMPTION OF RISK

I understand that participation in a walking event involves inherent risks, including but not limited to falls, contact with other participants, animals, traffic, weather conditions, and other hazards. I voluntarily assume all such risks associated with my participation.

RELEASE OF LIABILITY

I hereby release, waive, and discharge Friends of the Jefferson County Animal Shelter, Norton King's Daughters Health, and all their respective directors, officers, employees, volunteers, agents, sponsors, and affiliates (collectively, the "Released Parties") from any and all liability, claims, demands, or causes of action arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, my property, or any animal accompanying me during or in connection with the Event, including any claims arising from the negligence of the Released Parties.

INDEMNIFICATION

I agree to indemnify and hold harmless the Released Parties from any loss, liability, damage, or costs, including court costs and attorney fees, that may arise due to my participation in the Event or the actions of my animal.

MEDICAL TREATMENT AUTHORIZATION

I consent to receive medical treatment deemed necessary in the event of injury, accident, or illness during the Event and understand that I am responsible for any costs associated with such treatment.

CONDUCT AND SAFETY

I agree to follow all Event rules and instructions and to conduct myself in a safe and responsible manner. I understand that the Event organizers reserve the right to remove any participant or animal deemed unsafe or disruptive.

ANIMAL PARTICIPATION (IF APPLICABLE)

I certify that my animal is healthy, current on rabies vaccination (proof available at check-in), and will remain leashed and under control at all times. I assume all risks related to my animal and accept full responsibility for any injury or damage it may cause, and agree to release and hold harmless the Released Parties from any claims arising from my animal's participation.

Animal Name: _____
Breed: _____
Age: _____
Color/Description: _____

Rabies Vaccination Expiration Date: _____
Veterinarian/Clinic Name: _____

MEDIA RELEASE

I grant permission to the Event organizers to use photographs, video, or other recordings of me and/or my animal taken during the Event for promotional purposes without compensation.

GOVERNING LAW AND SEVERABILITY

This agreement shall be governed by the laws of the State of Indiana. If any portion of this agreement is held invalid, the remaining portions shall continue in full force and effect.

ACKNOWLEDGMENT AND SIGNATURE

I have read this Liability Waiver and Participant Agreement, fully understand its terms, and sign it freely and voluntarily.

Participant Signature: _____
Date: _____

If participant is under 18 years of age:

Parent/Guardian Name: _____
Signature: _____
Date: _____

Thank you for supporting the Friends of the Jefferson County Animal Shelter!