

# Waiver of Liability & Release

*This form must be signed by all participant owners of dog(s) attending the **Dog Days of Stockholm** event.*



I understand that participating in the Dog Days of Stockholm event involves risks to my dog(s) and me, and I assume all risks associated with participating in this event. I agree not to participate unless my dog(s) and I are physically able and my dog(s) are currently vaccinated, including the rabies vaccinations. I will abide by the rules of this event and any decisions of event officials. I understand and agree to permit event officials to authorize any emergency treatment for me or my dog(s) at my cost. I understand and agree that the Village of Stockholm and Dog Days of Stockholm officials do not insure against and accepts no responsibility for personal injury, property loss, or damage which I may sustain. I hereby agree and covenant for myself, my heirs, and assigns to waive and release all officers, owners, managers, employees, volunteers, and other persons affiliated with Dog Days of Stockholm from any claims, losses, liabilities, injuries, damages, and costs arising from injury, harm, or any other unfavorable consequences attributed to attendance of Dog Days of Stockholm, even though those claims and liabilities may arise as a result of the negligence or carelessness of individuals or entities released by this Waiver and Release. I also understand and agree to permit the sponsors of this event to use, for publicity or promotional purposes, my name and pictures of me and/or my dog(s) without liability for obligation to me. Entry by anyone under the age of 18 will only be allowed by parental or guardian acceptance and signature of this Waiver and Release.

**Participant Signature** \_\_\_\_\_

**Guardian Signature** *(if participant is under 18)* \_\_\_\_\_

**Name** *(please print)* \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

DOG #1	
Pet Name	_____
Age	_____
Breed	_____
<input type="checkbox"/> Male	
<input type="checkbox"/> Female	

DOG #2	
Pet Name	_____
Age	_____
Breed	_____
<input type="checkbox"/> Male	
<input type="checkbox"/> Female	

**All dogs must be leashed at all times. No exceptions.**