

DOG DAY AFTERNOON

Event Registration

OWNER INFORMATION

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____

Business Phone: _____

Email Address: _____

PET INFORMATION

Pet's Name: _____ Dog or Cat (Circle One)

Male or Female (Circle One) Spayed/Neutered ____yes ____no

Birthdate: _____ Color/Markings _____

Dominant Breed: _____

Pet's Name: _____ Dog or Cat (Circle One)

Male or Female (Circle One) Spayed/Neutered ____yes ____no

Birthdate: _____ Color/Markings _____

Dominant Breed: _____

EMERGENCY CONTACT

First Name: _____ Last Name: _____

Home Phone: _____

Mobile Phone: _____

EVENT GENERAL RELEASE:

The undersigned hereby release(s) and forever discharge(s) the Carmel Arts & Design District Dog Day Afternoon Event Committee ("Committee"), Arts & Design District Business Association of Carmel ("ADDBAC"), City of Carmel ("Carmel"), Carmel Redevelopment Commission ("CRC") and the Humane Society for Hamilton County ("HSHC"), and each and every one of their agents, employees, officers, officials, directors, shareholders, assigns, successors-in-interest, affiliated entities, insurers, attorneys, and any other person or entity associated with them or acting through them, from all liability, causes of action, suits, claims, damages or any other liability, damage, interest, costs or attorney fees arising in any way or at any time related to Dog Day Afternoon Event Activities taking place on Sunday, September 13, 2009, including, but not limited to, any injury or death of the undersigned's pet(s) and/or any other injury, including death, to any person or property, whether the same occur upon Carmel's and/or HSHC's premises or otherwise, and regardless of whether the same was caused by the negligent act(s) or omission(s) of the Committee, ADDBAC, Carmel, CRC and/or HSHC or of any other third party.

Dated this _____ day of _____, 2009.

(Please have each person of your party sign. Minors need to have a parent/guardian signature)

Name *(Please Print)* _____

By *(Signature)* _____

Address _____

City _____ State _____ Zip _____

Additional persons in party:

Name *(Please Print)* _____

By *(Signature)* _____

Name *(Please Print)* _____

By *(Signature)* _____

Name *(Please Print)* _____

By *(Signature)* _____