OFFICIAL ENTRY FORM

Mail in by September 9, 2019—pre registrants are guaranteed a t-shirt

Saturday, Septembr 28th

Noon—3:00 p.m.

Flag Hill Pavilion Irvine Park

Chippewa Falls, WI

Registration at Noon

Walk begins at 1:pm

Raffle Items

Rain or Shine





Free Lunch

Doggie swag bag

Prizes for top pledge raisers

Limit of 2 dogs per person

Dogs must be up-to-date on their vaccinations

Dogs must be on 6' or shorter non-retractable leash at all times



*Best dressed (male & female) *Oldest *Youngest *Farthest Traveled

Entry Fee: \$30/Person or \$45 for Family

**Pledge forms available at the shelter, and online at www.chippewahumane.com

**All proceeds benefit the Chippewa Humane Association, Sorry—NO REFUNDS

**Limit 2 t-shirts per family, additional t-shirts are available for \$12 each

Name:	Address:			
City:	State:	Zip:	Phone:	
T-shirt Size: YOUTHS ML	XL ADULT :	SM _	LXL _	XXLXXXL
Email:				

12th Annual Pledge for Paws Dog Walk Assumption of Risk—Release Liability-Covenant Not to Sue

In consideration of participation in the Chippewa Human Association's Dog Walk, it is agreed that: Assumption of Risk: I freely, knowingly and voluntarily assume the risks of associated with this activity involving canines. Release of Liability: I hereby, freely, knowingly and voluntarily release and discharge the Chippewa Humane Association, its members, lessors, officer and directors, agents or employees, and volunteers from any and all liability, claims, demands, or actions, or causes of action whatsoever arising out of any loss, damage, or injury results from the Dog Walk. Covenant Not to Sue: I agree never to institute any suit or action, at law or otherwise, against the Chippewa Humane Association its members, lessors, officer and directors, agents or employees, coaches and volunteers. I also agree to indemnify, save, and Pledge 4 Paws 2019 hold harmless Chippewa Humane Association, its members, lessors, officer and directors, agents or emc/o Pam Gibbs ployees, coaches and volunteers from any and all actions, losses, claims, or proceedings initiated by any other parties which arise directly or indirectly from the activities contemplated by this agreement. Acknowledgement. By signing below, I profess to have read and understand the above ASSUMPTION OF RISK I

Dated:	, 2019	
		Participant

RELEASE OF LIABILITY / COVENANT NOT TO SUE and agree to the terms and conditions therein.

Please mail entry form & fee to arrive by Sept 9 :

3320 172nd Street, Chippewa Falls, WI Make checks payable to: CHA Sorry, No Refunds