



11th Annual Dog Walk

2019 Registration Form

Name: _____

Address: _____

Email Address: _____

Phone Number: _____

Pet's Name & Breed: _____

Walking Option: _____ with dog (\$10) _____ Solo Adventure Hiker (\$5)

Owner guarantees that dog has all current inoculations, including but not limited to rabies, by initialing here _____

Add to Hunt Country mailing list ___Yes ___No

WAIVER, RELEASE OF LIABILITY, AND ASSUMPTION OF THE RISKS

In consideration of my participation in activities arranged for me by Hunt Country Vineyards, LLC and Hunt Family Farms, LLC, I hereby release and covenant not to sue Hunt Country Vineyards, LLC and Hunt Family Farms, LLC, its owners, shareholders, directors, officers, employees, representatives, agents, and lessees from any and all present and future claims resulting from ordinary negligence and inherent risk of my participation in any activities or arrangements and the use of the grounds of Hunt Country Vineyards, LLC and Hunt Family Farms, LLC including, but not limited to any loss, injury, damage, or liability sustained by me while on or about the premises.

I am fully aware and understand that Hunt Country Vineyards, LLC and Hunt Family Farms, LLC does not have on or about the premises, or employ or contract with any medical services, provisions for ordinary or emergency medical services including but not limited to emergency cardiovascular assistance.

I agree to indemnify and hold harmless Hunt Country Vineyards, LLC and Hunt Family Farms, LLC, its owners, shareholders, directors, officers, employees, representatives, agents and lessees for any and all claims arising from my involvement in activities incidental thereto wherever, whenever, and however the claims may arise including but not limited to travel to and from the activity site and participation in remote and other sites.

I assume all the foregoing risks and accept personal responsibility for any damages and loss following any loss of property, injury, permanent disability or death resulting therefrom.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE WAIVER, RELEASE OF LIABILITY, AND ASSUMPTION OF RISK AND FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER, RELEASE OF LIABILITY, AND ASSUMPTION OF RISK AND SIGN IT VOLUNTARILY.

Any person under the age of 18 years must have a parent or guardian co-sign this form.

Name _____ Signature _____ Date _____

Name _____ Signature _____ Date _____

Please make check payable to: Humane Society of Yates County