

Dog Registration - Parks & Rex IV



ADULT PARTICIPANT'S NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ EMAIL: _____

DOG'S NAME: _____ AGE: _____ SCCAS ALUMNI: Y / N

DOG'S NAME: _____ AGE: _____ SCCAS ALUMNI: Y / N

Release Agreement

IMPORTANT: Every adult participant **MUST** complete a Release Agreement form. Please read this document carefully and sign below.

To use the pool, your dog must be:

- Friendly with people, including children and other dogs; no aggressive or predatory behaviors toward humans or dogs
- Spayed/neutered
- Four months or older
- Wearing a flat collar (e.g. no metal collars)
- Supervised by an adult (one dog per person)*
- Willing swimmers
- Only in pool during their reserved session

*Participant must sign a waiver for each dog who will swim (may list 2 dogs on each waiver), lead dog to pool, and remain poolside throughout their dog's scheduled swim session. Any exception to the 1 dog/handler rule is at the discretion of SCCAS and its representatives supervising the dog pool area.

Please:

- Walk dog directly before swim session, to encourage elimination prior to swim
- BYOT – Bring Your Own Towel
- Toys are allowed at the discretion of Lifeguards/ WoofPack 831
- Listen to the WoofPack 831 leaders and SCCAS representatives
- HAVE FUN

Being admitted to the dog pool area and allowed to remain are at the discretion of SCCAS representatives supervising the dog pool area. Signing this waiver and paying an admission fee do not guarantee your dog admission to the dog pool area.

In consideration of the County of Santa Cruz, the Santa Cruz County Animal Shelter, the Santa Cruz County Department of Parks, Open Space and Cultural Services, and WoofPack 831 permitting (adult participant name here) _____ to participate in the Parks & Rex Pool Party dog-swim activity on Saturday, August 25, 2018 (the "Event"), I hereby WAIVE AND RELEASE ANY AND ALL RIGHTS, LIABILITY, CLAIMS, AND CAUSES OF ACTION OF ANY NATURE WHATSOEVER I may have against the County of Santa Cruz, the Santa Cruz County Animal Shelter, the Santa Cruz County Department of Parks, Open Space and Cultural Services, WoofPack 831, Dogs in Good Hands LLC, and their respective officers, directors, employees, agents, assignees, licensees, and volunteers, and any other cooperating entities, and their respective officers, directors, employees, representatives, and volunteers (the "Released Parties") arising out of or relating, directly or indirectly, to any claim, loss, damage, or injury, including death, that I, or the children on whose behalf I am signing this form, or my animals(s) may suffer or sustain, or that any property belonging to me may sustain, while participating in the Event, REGARDLESS OF WHETHER SUCH LOSS IS CAUSED BY THE NEGLIGENCE OF THE RELEASED PARTIES or otherwise and regardless of whether such liability arises in tort, contract, strict liability, or otherwise, to the fullest extent allowed by law.

I UNDERSTAND THAT THIS MEANS THAT I AGREE NOT TO SUE any or all of the Released Parties in connection with the Event. I am voluntarily participating in the Event and I expressly agree to assume sole responsibility for all risks of any accidents or personal injury, including death, illness, physical or mental harm, bodily injury, loss or property damage which I, or the children on whose behalf I am signing this form, and/or my dog(s) may suffer as a result of my participation in the Event. I also give permission for photographs and videos to be taken of me and/or my child and/or my dog by County staff and/or volunteers for promotional purposes.

By signing this document, I certify that I have read and fully understand it and that I am not relying on any oral or written statements or representations of any of the Released Parties apart from this document. I am at least eighteen years of age, fully competent, and I am executing this document for full, adequate and complete consideration fully intending that I, the members of my family, spouse, and my estate shall be and are bound hereby.

Signature of Adult Participant: _____ Date: _____

Signature of participant on behalf of any children in my care: _____ Date: _____

Names of children: _____, _____, _____