



## Kick off to Hotter 'n Firecrackers 5K Glow Run 2018 Dachshund Dash

**WHAT:** Calling all Dachshunds to race in Frisco's annual Dash at the Frisco Freedom Fest!

**WHO:** Dachshunds (or Dachshund mixes that are Dachshund size) and their owners

**WHEN:** Tuesday, July 3<sup>rd</sup>, 2018 at 7:30 p.m. Registration/Check-in starts at 6:45 p.m.

**WHERE:** Simpson Plaza, Frisco Square, 6101 Frisco Square Blvd., Frisco, TX 75034

**COST:** \$10.00 Entry Fee. Entry fee (cash) will need to be paid at check-in at the event. All proceeds go to Collin County Animal Shelter.

**PRIZES:** Great giveaways for every contestant, heat winner prizes, and grand prizes for 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> places.

**HOW TO PARTICIPATE:** Complete the following form and liability waiver (one per dog). Bring your form to the registration table at the Dachshund races, or email to [liz@pappyspetlodge.com](mailto:liz@pappyspetlodge.com). At the event, participants will check in, pay entry fee, and receive which heat their pup will be in. Check-in between 6:45 and 7:30 p.m. Two people are needed to race a dog, one at start line and one at finish line.

**ALL DOGS MUST LEAVE THE EVENT SITE IMMEDIATELY AFTER THE RACES.**

**ALL DOGS MUST BE ON A LEASH OR IN A CRATE.**

To find out more about Frisco Freedom Fest, go to [www.FriscoFreedomFest.org](http://www.FriscoFreedomFest.org).

### OWNER INFORMATION

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### DOG INFORMATION

Dog Name: \_\_\_\_\_

Dog Gender: \_\_\_\_\_

Spayed/Neutered? (Circle) Yes No

Dog Age: \_\_\_\_\_

Dog Weight: \_\_\_\_\_

Are vaccinations current? (Circle) Yes No

**YOU MUST RETURN THE SIGNED LIABILITY WAIVER WITH YOUR APPLICATION.**

Sponsored by:





## City of Frisco Liability Waiver

I understand and have read this application. I, on behalf of myself or the Dachshund Dog being registered (the "registrant,") agree to allow the registrant to participate in the aforementioned activity(ies) and authorize the City employees, volunteers, program directors and/or instructors as Agents for the undersigned to consent to Medical, Surgical, and/or Dental examination and/or any and all other Treatments deemed necessary by medical personnel. I agree pictures taken during program hours may be used for any purpose.

In consideration of the City of Frisco ("the City") allowing the registrant to participate in the above activity(ies) and other good and valuable consideration, the receipt of which is acknowledged, I, on behalf of myself, the registrant (whether myself or someone else), any other minor child or legally incapacitated person for whom I can execute this document, my heirs, assigns and any other person or entity claiming to have legal rights by and through me, release and agree to defend, indemnify, and hold harmless, the City and its employees, from all claims of and/or liability for personal injury, property damage or wrongful death, including, but not limited to, claims or liability due to the negligence, contributory negligence and/or strict products liability of the City and/or its employees resulting from, relating to, or arising out of participation in and/or transportation to or from activity(ies) sponsored or provided by the City, or use of any City facilities.

This is not a waiver of the City's immunity. I warrant that I am authorized to sign this release. I agree to indemnify and defend the City of Frisco if I am not authorized to sign and legally bind the registrant or if the person named herein attempts to rescind this release. If any term of the release is deemed void or voidable, it shall not affect the enforceability of anything else in the release.

Signature:

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Printed Name:

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Date:

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