

ENTRY, WAIVER AND RELEASE FORM FOR
A-PAW-COLYPSE
BY BEVERLY ANIMAL SHELTER

For more information phone
315-539-9357
or visit
beverlyanimalshelter.com

Please mail completed form to:
Beverly Animal Shelter
50 River Road
Waterloo NY 13165



Circle Your Group

GROUP 1 <i>Walk/Run with Zombies</i>	GROUP 2 <i>Walk/Run with Pets Individuals</i>
Amount of Team Members (circle): 1 2 3 4	Pets Names:
Team Captain:	
Team Name:	

In signing this entry, I hereby acknowledge that participation in this speed contest constitutes an extreme test of my physical and mental abilities and carries with it the potential for death, serious injury and/or property loss. I hereby expressly assume all risk of injury and damage and release Beverly Animal Shelter committee members, all sponsors of this race, the State of New York/New York State Department of Transportation, any municipality in which the event is conducted and any governmental entity whose facilities are affected by the event, or any of their employees or agents working for or on the event, from all liability and claims of and claims of whatever nature or cause which may occur as a result of my participation or the participation of my pet/pets, in this speed contest. I further acknowledge that No persons or entity shall have the right to bring an action against the State or municipality or any person employed by the State or municipality who was acting within the scope of his authority, for damages resulting from or in connection with any such race, contest or exhibitions.

Participant Signature #1 _____ Male/Female _____ Age on Race Day _____
 Signature of Parent if participant is under 12 _____
 Participant Name #1 _____
 Phone _____ Email Address _____ Adult s m l xl only T-Shirt Size _____
 Street _____ City _____ State _____ Zip _____

Participant Signature #2 _____ Male/Female _____ Age on Race Day _____
 Signature of Parent if participant is under 12 _____
 Participant Name #2 _____
 Phone _____ Email Address _____ Adult s m l xl only T-Shirt Size _____
 Street _____ City _____ State _____ Zip _____

Participant Signature #3 _____ Male/Female _____ Age on Race Day _____
 Signature of Parent if participant is under 12 _____
 Participant Name #3 _____
 Phone _____ Email Address _____ Adult s m l xl only T-Shirt Size _____
 Street _____ City _____ State _____ Zip _____

Participant Signature #4 _____ Male/Female _____ Age on Race Day _____
 Signature of Parent if participant is under 12 _____
 Participant Name #4 _____
 Phone _____ Email Address _____ Adult s m l xl only T-Shirt Size _____
 Street _____ City _____ State _____ Zip _____