

Bob and Sue Duncan Memorial 5K DOG WAIVER FORM

PLEASE PRINT CLEARLY

Dog Name		
	r	
	Email address	
	participants, volunteers and other d dog be <mark>up-to-date on his or her Ral</mark>	
understand that if I have NC	to-date Rabies vaccine certificate from my T attached a valid, up-to-date Rabies vaccine be allowed to be present or participate in the	cine certificate from my veterinarian
Meredith Cross Country Course m participating in, attending, or obser way arise from the Event including or altercations, falls, and contact w that walking and running in races a or walk in the Event unless I am m perform this event, and am in good my ability to safely complete the Efalls, contact with Event participant humidity, traffic and the conditions	ry participation in the Bob and Sue Duncan Memorial way result in personal injury to me, any minor under my riving the Event, I acknowledge and assume all risks and the event in a with participants or spectators at the Event) and in the are potentially hazardous activities, which could cause dedically able and properly trained, and by my signatued health, and I am properly trained. I agree to abide by vent. I assume every risk associated with participating ts or volunteers or with vehicles or dogs, the effects of the road and course. I contest to emergency medicinal professional may deem appropriate.	y care, and/or my dog(s) "Dog". By and dangers that are incidental to or in any canine-oriented event (e.g. dog bites, fights sports of walking and running. I understand e injury or death. I should not enter and run ire, I certify that I am medically able to y any decision of an Event official relative to g in the Event including, but not limited to: of the weather, including high heat and/or
during the Event. I hereby represe subject of a quarantine order, a pe potentially dangerous or vicious or by the Event. I will abide by all apprules and regulations that are adopunruly, rowdy, or disruptive particip expenses, direct or indirect, incurred.	any and all actions of the Dog and agree that the Dont and confirm that the Dog is in good health, current and indiging adjudication or administrative hearing, and has repotentially vicious dog. I agree to be bound by the teolicable governmental laws, ordinances, orders, direct oted for this Event. I acknowledge that the Event rese than, dog owner or Dog from the Event and that I shall ed as a result of myself or my Dog's disruptive behaviors are treatment for me and/or the Dog in the event of its start of the Dog in the event of its start of the Dog in the event of its start of the Dog in the event of its start of the Dog in the event of its start of the Dog in the event of its start of the Dog in the event of its start of the Dog in the event of its start of the Dog in the event of its start of the Dog in the event of its start of the Dog in the event of its start of the Dog in the event of its start of the Dog in the event of its start of the Dog in the event of its start of the Dog in the event of its start of the Dog in the event of its start of the Dog in the event of its start of the Dog in the event of its start of the Dog in the event of its start of the Dog in the event of the	on Rabies, and that the Dog is not the never been declared a dangerous, irms of the rules and regulations established tions, rules and regulations, as well as all irves the right to exclude or eject any and all I be fully responsible for any damages or ior and/or ejection. I further agree that any
act on my behalf, waive and releas University, the VMCVM SCACVP, sponsors, their representatives and even though that liability may arise	ing these facts and in consideration of your accepting se the Bob and Sue Duncan 5K, the town of Blacksbu Runabout Sports, the Commonwealth of Virginia, the d successors from all claims or liabilities of any kind a e out of negligence or carelessness on the part of the o use my photographs, motion pictures, recordings or	urg, Virginia Polytechnic Institute and State Road Runners Club of America, all event arising out of my participation in this event, persons named in this waiver. I grant
Signature:		Date: