



## **REGISTRATION FORM**

| Dog Uwner/Handler:               |  |  |
|----------------------------------|--|--|
| Address:                         | City:                                  | State: Zip:  |
| Phone:                           | E-mail:                                |  |
| Dog Name:                        | Breed:                                 |  |
| Age M/F Spayed/                  | Neutered Color/markings                | 3  |
| Rabies Current? *Proof c         | of rabies vaccination with current tag | /certificate required at check-in.   |
| Registration: Covers 1 dog's par | rticipation in both "Bow-Wow S         | Strut" & "Doggie Do Talent Show"   |
| Pre-registration: \$10 (Regis    |  | <u>stration</u> : \$15 (After 8/28/19)<br><i>t-register by 10:30 a.m. at KidsWorld</i> |
| ONLIN                            | JE Registration: www.southarke         | expo.com OR  |

Mail Registration to: SouthArk Foundation, P.O. Box 7010, El Dorado, AR 71730 Drop Off Registration: SouthArk Library, 870-864-7130

## SEE ATTACHED RULES

I hereby agree to abide by the rules and regulations governing this event and understand that there are risks associated with participation in this event as well as traveling to and from the site. In consideration of my participation as evidenced by my signature below, I hereby for myself, my heirs and administrators assume any and all risks which might be associated with this event and waive and release any and all rights and claims for damages which I may have against UCAPS, SouthArk Foundation, event sponsors, and any other party connected with organizing the event, their representatives, successors and assignors for any and all injuries or loss of personal property by theft or otherwise, damages of any kind whatsoever suffered by me as a result of taking part in this event and any other related activities. I further grant full permission for the event 's organizers to record any or all of my participation in the event through photos, motion pictures, TV recordings, videotapes and other media and to use them in any manner for publicity, advertising or commercial purpose without any compensation to me of any kind. (Please Note: UCAPS and SouthArk Foundation reserve the right to prohibit participation of any dog displaying aggressive behavior toward people or other dogs.)

| Signature:  | Date:                             | _ Date: |  |
|---|-----------------------------------|---------|--|
|   |                                   |         |  |
| Parent/Guardian:  | Date:                             |         |  |
| (Signature of parent/guardian is required if dog owner/ha | undler is under 18 years of age.) |         |  |