

Canine Campus Crawl Registration

(Sunday, April 7th, 2013)

The Canine Campus Crawl is a dog walk/run put on by the UW Pre-Vet Club to help support the Dane County Humane Society! Come enjoy a beautiful walk along the lake with you pooch while contributing to our fundraiser.

Further information can be found at:

[Facebook.com/caninecampuscrawl](https://www.facebook.com/caninecampuscrawl)

The following packet is to ensure everyone has a fun and safe experience. Please take a moment to fill out the proper information

Pre Registration:

Online at <https://runsignup.com/Race/WI/Madison/CanineCampusCrawl> or send via mail addressed to:

Pre-Vet Club
Care of: Canine Campus Crawl
Mailbox #79
333 East Campus Mall
Madison, WI 53715-1380

Post-marked by April 1st, 2013

Registration on Race Day: registration begins at 8:30am until 9:25am

Race begins at **Lot 60** (801 Walnut Street) on West Campus near the Hospital

Fees: Portion of the proceeds will benefit the Dane County Humane Society

Pre-Registration: \$15 for one person (no dogs)
 \$20 for one person and up to two dogs

Day of Registration: \$20 for one person (no dogs)
 \$25 for one person and up to two dogs

Start Times: 9:30 AM

Rules:

- DOGS MUST BE LEASHED AT ALL TIMES. Retractable leashes acceptable but cannot extend longer than 6ft during event.
- Dogs must have an updated rabies vaccination
- No more than 2 dogs per one person
- Participants are responsible for cleaning up after their dog(s), except during the actual race
- Participants must respect University property: stay on course, no graffiti, no litter, etc
- **All participants must sign the University Liability Waiver and Rabies Vaccination Contract**

Please fill out and mail the following (3)pages:

PARTICIPANT INFORMATION:

*Name of participant: _____.

Mailing Address:

Street: _____ Apt # _____.

City: _____ State: ____ Zip Code: _____.

Phone: _____ Circle one: home cell work

*E-mail: _____.

WALK/RUN INFORMATION:

T-shirt:

Your registration fee includes one T-shirt. Please indicate size: S M L XL

Payment: (circle one) **CASH** or **CHECK**

(Checks can be made out to UW-Pre-Vet Club)

Registering: (circle one)

One person only

One person with dog companions

If registering dog companions please indicate how many here: (circle one) **1 or 2**

Names of dogs: 1) _____.

2) _____.

Breed of dogs: 1) _____.

2) _____.

Agreement for Assumption of Risk & Indemnification Release

I, _____ (print name), age _____, desire to participate voluntarily in **Canine Crawl Run/Walk** at the University of Wisconsin – Madison, Sunday April 7th, 2013.

I UNDERSTAND THAT I AM BEING ASKED TO READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. I UNDERSTAND THAT IF I WISH TO DISCUSS ANY OF THE TERMS CONTAINED IN THE IS AGREEMENT, I MAY CONTACT **RISK MANAGEMENT**, AT TELEPHONE NUMBER 262.8926 OR 262.8925.

Assumption of Risks:

I understand that physical activity related to **Canine Crawl Run/Walk**, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. Some of these involve strenuous exertions of strength using various muscle groups, some involve quick movement involving speed and change of direction, and others involve sustained physical activity, which places stress on the cardiovascular system. The specific risks vary from one activity to another, but in each activity the risks range from: 1) minor injuries such as scratches, bruises, and sprains, to 2) major injuries such as fractures, internal injuries, joint or back injuries, heart attacks, and concussions, to 3) catastrophic injuries including paralysis and death. I understand that the University has advised me to seek the advice of my physician before participating in this activity. I understand that I have been advised to have health and accident insurance in effect and that no such coverage is provided for me by the University or the State of Wisconsin. **I KNOW, UNDERSTAND, AND APPRECIATE THE RISKS THAT ARE INHERENT IN THE ABOVE-LISTED ACTIVITY. I HEREBY ASSERT THAT MY PARTICIPATION IS VOLUNTARY AND THAT I KNOWINGLY ASSUME ALL SUCH RISKS.**

Signature: _____ **Date:** _____

Signature of Parent or Guardian (If Participant is under 18*):

Signature: _____ **Date:** _____

Hold Harmless, Indemnity and Release:

In consideration of permission for me to voluntarily participate in **Canine Crawl Run/Walk**, today and on all future dates, I, for myself, my heirs, personal representatives or assigns, agree to defend, hold harmless, indemnify and release, the Board of Regents of the University of Wisconsin System, The University of Wisconsin-Madison, Pre-Veterinary Club, and their officers, employees, agents, and volunteers, from and against any and all claims, demands, actions, or causes of action of any sort on account of damage to personal property, or personal injury, or death which may result from my participation in the above-listed program. This release includes claims based on the negligence of the Board of Regents of the University of Wisconsin System, the University of Wisconsin-Madison, Pre-Veterinary Club, and their officers, employees, agents, and volunteers, but expressly does not include claims based on their intentional misconduct or gross negligence. **I UNDERSTAND THAT BY AGREEING TO THIS CLAUSE I AM RELEASING CLAIMS AND GIVING UP SUBSTANTIAL RIGHTS, INCLUDING MY RIGHT TO SUE.**

Signature: _____ **Date:** _____

Signature of Parent or Guardian (If Participant is under 18*):

Signature: _____ **Date:** _____

Consent for Emergency Treatment:

I authorize the University of Wisconsin-Madison and its designated representatives to consent, on my behalf, to any emergency medical/hospital care or treatment to be rendered upon the advice of any licensed physician. **I AGREE TO BE RESPONSIBLE FOR ALL NECESSARY CHARGES INCURRED BY ANY HOSPITALIZATION OR TREATMENT RENDERED PURSUANT TO THIS AUTHORIZATION.**

Signature: _____ **Date:** _____
Signature of Parent or Guardian (If Participant is under 18*):
Signature: _____ **Date:** _____

Rabies Vaccination Contract:

By signing this line you are accepting our vaccination rule and affirming that your dogs have had their rabies vaccinations. **Dogs CANNOT participate unless this portion is signed.** If a circumstance should arise (i.e. dog bite) where this information is questioned, it is your responsibility to provide proof of vaccinations.

I, _____ (print name), hereby state that the dog(s) I have registered are up to date on rabies vaccinations.

Signature of Participant: _____ **Date:** _____
Signature of Parent or Guardian (If Participant is under 18*):
Signature: _____ **Date:** _____