

## **Canine Campus Crawl Registration Sunday, April 24th, 2016**

Canine Campus Crawl is a run/walk put on by the UW Pre-Vet Club to help support Dane County Humane Society. Come enjoy the beautiful lake scenery while contributing to our fundraiser. Canine companions are welcome to join you in the race.

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

### **Pre Registration:**

Register online at <https://runsignup.com/Race/WI/Madison/CanineCampusCrawl2016> or send via mail addressed to:

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

\*Note: If sending via mail, the registration packet must arrive before April 24th.

Pre Registration ends April 3<sup>rd</sup> at 11:59pm, after that prices will increase, but you CAN still register online.

**Registration on Race Day:** Registration begins at 10:15 AM and goes until 10:45 AM.

**Fees:** All proceeds will benefit Dane County Humane Society.

Pre-Registration:       \$25 for one person (no dogs)  
                                  \$30 for one person and up to two dogs

Later Registration:     \$30 for one person (no dogs)  
                                  \$35 for one person and up to two dogs

**Start Time:** 11:00 AM

Race begins at Lot 60 on West Campus near UW Health.

### **Rules:**

- **All participants must sign the University Liability Waiver and Rabies Vaccination Contract.**
- DOGS MUST BE LEASHED AT ALL TIMES. Retractable leashes are acceptable but cannot extend longer than six feet during event.
- Dogs must have an updated rabies vaccination.
- No more than two 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.

Visit <http://prevetclub.weebly.com/canine-campus-crawl.html> for more information.

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

Name of participant: \_\_\_\_\_

Mailing Address:

Street: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ (circle one)      home   cell   work

E-mail: \_\_\_\_\_

**RUN/WALK INFORMATION:**

T-shirt:

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

Payment (circle one):    **CASH**                    **CHECK**  
(Checks can be made out to UW-Pre-Vet Club)

Registering (circle one):  
          **One person, no dogs**                    **One person with dog companions**

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

## Agreement for Assumption of Risk & Indemnification Release

I, \_\_\_\_\_ (print name), age \_\_\_\_\_, desire to participate voluntarily in **Canine Campus Crawl Run/Walk** at the University of Wisconsin – Madison, on **Sunday, April 24, 2016**.

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 262.0379.

### **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:** \_\_\_\_\_

### **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, UW-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, UW-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:** \_\_\_\_\_

### **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:** \_\_\_\_\_

**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:** \_\_\_\_\_