

Canine Classic

Registration Form

(Must register to walk)

Clip and Mail to: Wanderers' Rest Humane Association
P.O. Box 535
Canastota, NY 13032

Name _____ My fund raising goal is \$ _____ T-shirt size _____

Address _____ Email _____

Walking as *(check one)*: Youth Adult Member of Family Team _____
(Name of Team)

Community Team Member _____ Corporate Team Member _____
(Name of Team) *(Name of Team)*

I hereby waive and release any and all claims for myself and my heirs against Wanderers' Rest Humane Association and all sponsors, organizational partners, volunteers and staff of Wanderers' Rest for any injury or illness which may directly or indirectly result from my participation in the Canine Classic. I grant full permission for photographs and videotapes of me to be used for any publicity or promotional purposes by Wanderers' Rest.

Signed _____ Date _____

(Participant, or parent/guardian if participant is a minor)

You can also register at: www.firstgiving.com/wrha