



Woo Woo Pawlooza!

**May 11th, 2019 Prior Lake, MN
Registration Form – Due April 19th**

So we may plan for lunch and a Pawlootza Bag for you and your dog, everyone attending must complete a registration form online at www.adoptahuskyminnesota.org or complete this form and mail it to:

Adopt A Husky Minnesota 1453 Shakopee Ave E. Shakopee, MN 55379

If you are interested in volunteering for the WWP, please indicate below, and someone will get in touch with you, or email us at info@aahmn.org.

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Waiver: By participating in this event I assume responsibility for any and all risks associated with my participation. I hereby for myself, my heirs, executors, administrators or anyone else who might claim on my behalf, release and discharge Adopt A Husky Minnesota, its volunteers, and any other parties involved in this event from any claims or liability of any kind whatsoever arising out of my participation in this event, even though the liability may arise out of negligence on the part of the parties named in this waiver. I also submit that all animals in my care that are participating in this event are current on their rabies vaccinations and are in good health. Adopt A Husky Minnesota reserves the right to refuse entry to any dog that is deemed unfit or unsafe to participate.
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Please Print

Name: _____

Address: _____

City/State/Zip: _____

Email Address: _____

Phone Number: _____ **Total # of dogs attending:** _____

Please circle one: **Hiking:** Yes No

Shirt size: S M L XL 2X 3X 4X 5X (Must fundraise \$50)

Attending Event in: MN Satellite

Please Initial Below:

___ I/We don't have a dog but are interested in walking a foster (must be 18 or older)

___ I/We agree to buy a 6-foot leash at the event if we attend with only a Flexi leash

___ I/We agree that we will take the shorter path if walking a puppy under 6 months old or a senior dog

___ I/We agree to pick up after our dog(s) at all times during the event

___ I/We would like information on volunteering at the event

___ I/We acknowledge that all dogs attending in our party are up to date on rabies vaccinations, and we can provide proof within 24 if an incident were to occur

I have read and agree to abide by the terms stated in the above waiver:

Signature: _____

Signature of Parent (if under 18yrs): _____