

**Salida Dog Club, and Friends of Loyal Dukes'**



**LOYAL DUKES**  
**CANINE COMPANION RUN**

**5K Run/Walk for DOGS in Salida, CO.**

# NOTICE !

**What** - 5K Fun Run/Walk for Dogs (& Owner)

**When** - Saturday, 5/27/17

**Where** - Starting at Loyal Duke's Dog Park (Salida), the course will head up to Airport Road and make a loop back to the Dog Park.

**Let's Do it!** - \$30 Early Registration by 5/26; \$35 on Race Day. Register by 5/17 to be guaranteed a T-Shirt. Optional Meet and Greet at the Dog Park, 5/26, 5-6 pm

**ALL DOGS MUST REMAIN ON A LEASH DURING THE RUN!**

Dogs may walk, run, or be carried, but must remain leashed during the run.

This is for the protection of you, your pet, the public, and other participants.

Dogs are allowed to be off-leash before and after the event, only in Loyal Duke's Dog Park

## Information

- Race Details**

8am-8:45am Registration, Check in, and Play Time at Loyal Duke's Dog Park, 9am Race Start.

- Registration and Fees**

You may register in advance by completing this form, and returning it to the Salida Aquatic Center by May 26. A percentage of proceeds of this event will go to the restructuring and renovation of Loyal Duke's Grave and Bench! Sponsored by the Salida Dog Club.

- Prizes, Refreshments**

Prizes will be awarded for the following categories: 1st, 2nd, 3rd place, Tallest Dog, Shortest Dog, Oldest Dog, Youngest Dog. Light snacks will be provided for contestants and handlers.

- T-Shirts**

T-Shirts will be guaranteed by race day for contestants who pre-register by May 17.

Dog's Name \_\_\_\_\_

Breed \_\_\_\_\_

Age \_\_\_\_\_

Height (at Withers) \_\_\_\_\_

Handler's Name \_\_\_\_\_

Phone # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP \_\_\_\_\_

Email \_\_\_\_\_

Shirt Size      S      M      L      XL

Total \$ Enclosed \_\_\_\_\_

(Cash accepted, Checks payable to City of Salida)

**Waiver and Release:** I fully understand that participating in this run may be dangerous with hazards both apparent and hidden, and that my dog or myself could become injured and/or die. By signing below I intend to be legally bound and waive and release, for myself, my heirs, executors and administrators, any and all rights or claims for damages which I may incur against property and land owners, directors, spectators, the Salida Dog Club, Chaffee County, the City of Salida, their successors and representatives, and/or anyone else connected with this event in any way, even though liability may arise out of negligence or carelessness of those associated with this event. I attest and verify that I am physically fit and have trained to finish this event. I agree all decisions I make and actions I take are my own. I acknowledge that my dog and I will be running along county roads and streets where cars will be driving. Race organizers can use my name, photograph, or comments to publicize this event.

Signature \_\_\_\_\_

Date \_\_\_\_\_



# CITY OF SALIDA RECREATION PROGRAM REGISTRATION AND RELEASE FORM

Please write legibly. Your email may be used to contact you with information about the program. Please note if you DO NOT want to be added to Salida Recreation's electronic quarterly newsletter.

<b>Program Name:</b>	<b>Program Date:</b>

Please read and fill out the following form completely and accurately. The city will rely on the information provided in allowing you and/or your minor child listed below to participate in the city's recreation program(s). Participants under 18 years of age must have this form signed by a parent or legal guardian. Waiver will be kept on file for one year, which can be used for any Salida Recreation program.

**Parent/Guardian Name(s):** \_\_\_\_\_

**Participant's Name:** \_\_\_\_\_ **Age/DOB:** \_\_\_\_\_

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

**Phone(s):** \_\_\_\_\_

**Email(s):** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**Are there physical or medical conditions concerning the participant that the program leader should be aware of? If so, explain:** \_\_\_\_\_

(attach additional sheets if necessary)

## Release

As the participant and/or parent/legal guardian of the minor child listed above, and in consideration for allowing myself or my minor child to participate in the city's recreation program(s) and activities noted above, hereby acknowledge and agree as follows on behalf of myself and my child:

- I have requested that I or my minor child be allowed to participate in the city's recreation program(s) and activities recognizing that such participation involves, or may involve, risks, both known and unknown, of physical injury or illness.
- I represent that I and/or my child is physically capable of participating in the recreation program(s).
- By signing this release, I \_\_\_\_\_, on behalf of myself and my minor child, expressly assume all risks, known and unknown, of injury, illness and property damage to myself, my minor child, or to any third party arising from or related to my or my child's participation in the city's recreation program(s), whether caused by the act, error, omission, or negligence of the city, its employees, officers or agents, or by an other person or cause.
- By signing this release, I \_\_\_\_\_, on behalf of myself and my minor child, expressly exempt, waive, release and discharge in advance the city, its employees, officers and agent, from any and all claims, liabilities, actions, or damages for injury, illness or loss that may arise from my or my child's participation in the city's recreation program(s) and activities, whether caused or created by the acts, errors, omissions, or negligence of the city, its employees, officers or agents, or some other person or cause; and I further agree to hold harmless and indemnify the city, its employees, officers and agents, from any and all injuries, damage, loss, claims or demands which arise from or are related to my or my child's participation in the city's recreation program(s) and activities.
- I understand that this agreement incorporates the entire understanding and agreement between myself, my minor child, and the City of Salida, its officers, employees, agents and representatives, and that it cannot be modified or changed in any way by the statements, promises or representations of any employee or agent of the city,; and that this agreement is intended to be as broad and inclusive as permitted by the laws of Colorado, and that if any portion is held invalid or unenforceable, the remaining portions shall continue in full legal force and effect.
- By executing this agreement I also do hereby authorize the city, its employees, officers and agents, to provide and/or consent to emergency medical or surgical examination and treatment for myself or my minor child in the event of injury or illness occurring to me or my child while participating in any city recreational program or activity.
- I hereby consent to being photographed participating in Salida Recreation events, and to these photographs being used in marketing publication and online media.
- My signature below indicates that I have read this document in its entirety, that I understand it completely, and that it affects my legal rights and the legal rights of my child, and that I, along with all heirs, assigns and personal representatives for myself and my child, agree to be bound by its terms. I also acknowledge that I am providing this waiver and release in advance for the benefit of the city knowing that all possible risks or causes of injury can neither be foreseen nor eliminated.

**Participant/Parent/Guardian Signature:** \_\_\_\_\_

**Date** \_\_\_\_\_

Please remit payment with completed form to:  
Salida Hot Springs Aquatic Center, 410 W Rainbow Blvd, Salida, CO 81201