

Registration Form

Return Address:

Savannah Veterinary Clinic
1302 West US Hwy 71
Savannah, MO 64485
816-324-4838

Please mail this form or drop it off at the clinic with a check made out to Savannah Veterinary Clinic with “Paws for a Cause” in the memo. NOTE: Entry fee is non-refundable and must accompany registration form. Registration form must be received by **April 6, 2018** to guarantee a shirt and the cost below.

Adults (\$25/person)		Youth 12 & Under (\$15/person)	
Small		Small	
Medium		Medium	
Large		Large	
X-Large		X-Large	
XXL			

Names: _____

Birth Date: _____

Gender: _____

Primary phone: _____

Email: _____

Emergency Contact:

Name: _____

Relationship: _____

Phone: _____

Canine Info:

Name/Age/Weight: _____

In consideration of the Savannah Veterinary Clinic permitting me to participate in the Paws for a Cause 5K Walk and/or activities, for myself, my heirs, personal representatives, assigns, and pets. I hereby waive, release, and discharge any and all rights, liability, causes of action and claims that may hereafter accrue to me or which I may assert against organizers and the clinic for personal injury and /or property damage that I or my animal may suffer or sustain as a result of my participation in the Paws for a Cause 5K. I hereby assume all risks of any such injury or damage. I certify that I and my pet are physically fit to participate in any event which we may enter. I further grant permission to the use of any photographs of me and my animal in media accounts and promotions of the Paws for a Cause 5K. All dogs must be on a leash, socialize well with other dogs, be current on Rabies vaccinations, and not be in heat. Please be kind to your four-legged companion and maintain a pace they can maintain. If younger than 18, please have a guardian agree and sign.

I agree to the terms and conditions.

Signature: _____

Date: _____