

# HOWL-O-WEEN DOGGIE DASH REGISTRATION FORM

Registration Number
_____

**Sunday, October 21<sup>st</sup> at 1:00 p.m.**

(check in starts at 12:30 p.m.) **Pawfoot Dog Park**  
(Croffoot Park located on Lancaster Avenue west of Highway 95)

**Costs are \$30/family, \$15/individual, 10 & under are free**

**Must register by October 17<sup>th</sup>**

**First 75 individuals or families to register will receive a "Doggie" bag  
on the day of the dash!**

If mailing, please send form along w/payment to:  
Hayden Recreation & Community Events Dept., 8930 N. Government Way, Hayden, ID 83835, Ph: 208-209-1080

**Dog Name(s):** \_\_\_\_\_

**Participant's Name(s):** \_\_\_\_\_ **Age:** \_\_\_\_\_  
Last First

**Participant's Name(s):** \_\_\_\_\_ **Age:** \_\_\_\_\_  
Last First

**Participant's Name(s):** \_\_\_\_\_ **Age:** \_\_\_\_\_  
Last First

**Participant's Name(s):** \_\_\_\_\_ **Age:** \_\_\_\_\_  
Last First

**Participant's Name(s):** \_\_\_\_\_ **Age:** \_\_\_\_\_  
Last First

**Physical Address (Street, City, Zip):** \_\_\_\_\_

**Phone No.** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Emergency Phone:** \_\_\_\_\_

Choose from one of the following Walks/Runs!	Distance	How many participants?	FEE
<b>Mummy Dash</b>	<b>1/4 Mile</b>		
<b>Mad Dash</b>	<b>1/2 Mile</b>		
<b>Monster Dash</b>	<b>1 Mile</b>		

**WAIVER AGREEMENT**

I, the parent/ guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the Hayden Recreation & Community Events Department, its affiliated organizations, and sponsors. Recognizing the possibility of injury associated with the above-named program(s), I hereby release, discharge and/or indemnify the City of Hayden, its affiliated organizations, and sponsors, their employees and associated personnel, against any claim by or on behalf of the registrant as a result of participation in this activity and assume the risks associated with participation in this activity. I understand that the City of Hayden may use my or my child's picture for promotional purposes.

**CONSENT FOR MEDICAL TREATMENT (MINOR):** As the parent or legal guardian I give my consent for emergency medical care prescribed by a duly licensed doctor of medicine or dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

\_\_\_\_\_  
Signature of Participant (if over 18) or Parent/Legal Guardian

\_\_\_\_\_  
Date