Edom Area Chamber of Commerce

HUMANE SOCIETY OF Cedar Creek Lake

April in Edom

@ Hwy 79 R 314, Edom, TX

Registration & Details: http://VisitEdom.com/pawsparade/

pets@VisitEdom.com **facebook.com/VisitEdom/**

WAIVER OF LIABILITY

for

Paws Parade & Float Contest

Sat, April 8 & Sun, Apr 9, 2pm at April in Edom Street Fair

I, the undersigned: Commit to preregister & pay fee to be in this Event. I/we realize that participating in the April in Edom Paws Parade & Contest is a potentially hazardous activity, and I hereby assume full and complete responsibility for the risk of accident, property damage, bodily injury or death that may occur to me, my accompanying family members, friends and/or pets. I agree to abide by the rules and decisions of any event officials' decision relative to me or my pet's ability to participate in the annual April in Edom Pet Parade, Contest & Event.

I hereby release, waive, hold harmless, forever discharge and covenant not to sue the organizer, volunteers, and any other persons and entities, associated with the April in Edom Parade, Contest & Event and their respective successors, assignees, officers, employees and agents, for any and all loss, damage, or injury sustained by me, any member(s) of my family, or my pet(s), whether caused by negligence, breach of contract, or otherwise, arising out of or resulting from any act or omission to act, while traveling to or from or participating in the April in Edom Paw Parade, Contest & Event.

I grant full permission to any and all of the foregoing to use my (and my accompanying family member's) and my pet's name, or photographs, videotapes, or other recordings of our participation in this event, for any lawful purpose, without obligation or liability to me (and my family member). I certify to register my accompanying family member(s) and pet(s) in the April in Edom Paw Parade prior to participation. I authorize the officials of this event to use their discretion to have me or my family member(s) transported to a medical facility or to allow qualified personnel to render medical care. I further agree that I, or family member(s) or my pet(s) may be examined during the course of the April in Edom Paw Parade, Contest & Event.by qualified personnel in the event a problem arises. I have read this agreement carefully, understand it and certify my agreement by my signature below.

Name: **X**_____ ___X_____

Signature *Print Name*

Email_____Phone_____

Facebook.com/_____Date:_____

PreRegistration Required prior to Parade or Contest ***PRINT & Bring this Waiver***

Online by Apr 5 or by Noon Apr 8 or 9. Details & App @

http://VisitEdom.com/pawsparade/