



# Burnie Dog Walk **Registration Form**

Name:.....

Address:.....

Dog's name #1:.....

Dog's name #2:.....

Dog's name #3:.....

I acknowledge that I am solely responsible for myself and my dog at the Wellways Australia Mental Health Week Dog Walk and Barbeque.

I agree to clean up after my dog, obey any traffic laws, exercise safety precautions, avoid littering and respect the property of others.

I attest to my own and my dog's physical capabilities, and I realise there are risks associated with participating in this event. I accept full responsibility for any injury or accident to myself or to my dog. I understand that since this event involves many people and dogs, I will have my dog under control at all times.

I waive any and all claims for myself against Wellways Australia or the Waratah Wynyard Council as well as the officials or sponsors of this event. I hereby give officials permission to obtain any medical aid if required for myself or my dog during this event.

.....  
Signature (required):

Date: .. / .. / ..