

PRE-REGISTER AT THE RECREATION CENTER OR REGISTER THAT DAY AT THE AMPHITHEATER

REGISTRATION BEGINS AT 3PM CONTEST STARTS AT 4PM



Owner's Name:		
Phone:	Pet's Name: _	
Type of Pet:	Address:	
City:	State:	E-mail:
I recognize that because of the poten spouse cannot be contacted, I give m treatment. I now release the City of F injuries and damages to property cau	y permission to the attending physician ranklin, The Franklin Parks & Recreation used by or having any relation to this act	nder 18) It an injury might be sustained. In the event of such an injury to myself or my child, if I or my to render such treatment as would be normal and agree to pay the usual charges for such Dept., its employees, volunteers, agents and assigns from responsibility for any personal vity. I understand that this release applies to any present or future injuries and that it binds e photographed or videotaped. I have read this release and sign it voluntarily and with full
knowledge of its significance.		

Participant Signature:______ Date:_____

Register at the Recreation Center or mail to:
Franklin Parks & Recreation
396 Branigin Blvd.
Franklin, IN 46131