



**In the Clare Irish Parade—March 14, 2009
Contest for Best Irish Dressed Handler.**

Prizes! Shamrock Bandannas (\$2) available for dogs while supplies last. Photos available for \$5 with proceeds to Clare County Animal Shelter.

Judging at MY PET SUPPLY, 1050 N. McEwan, 11:15 a.m. prior to parade. Doggie treats for all entrants!

PET REGISTRATION

Handler **MUST** be 16 years or older. All dogs **MUST** be on leash!

Name _____

Address _____ City _____ ZIP _____

Phone_(____) _____ E-Mail _____

Number of Dogs _____ Name(s) of Dog(s) _____

Waiver/Release: In consideration of your accepting this entry, I, the undersigned intending to be legally bound, hereby for myself, my heirs, executors, and administrators, forever waive, release and discharge any and all rights and claims for damages and causes of suit or action, known and unknown, that I may have against the Irish Committee and the Clare Area Chamber of Commerce and their partners and members and volunteers for any kind of injuries incurred by and/or caused by any animals. I expressly agree to exercise control over my dog and by executing this release, I agree to indemnify, defend and hold harmless the Irish Committee and the Clare Area Chamber of Commerce for and against any liability, claims, demands, and/or damages caused by the pet or which may arise or result from pet owners and/or pet participation in this event. I agree to keep my pet on a leash at all times and in my, the pet's owner, personal control at all times during this event. I attest that I am physically fit, am aware of the dangers and precautions that must be taken while walking in all weather conditions and have sufficiently trained for the completion of this event. I further assume and will pay my own medical emergency expenses in the event of an accident, illness or other incapacity regardless of whether I have authorized such expense. Further, I hereby grant full permission to the Irish Committee and the Clare Area Chamber of Commerce to use any photographs, video tapes, motion pictures, recordings or any other record of this event for any legitimate purpose at any time. I have read this waiver carefully and fully understand its contents.

Printed Name (16 or older): _____

Signature: _____

Parent/Guardian: _____
(if under 18)

Return registration to Clare Irish Committee, PO Box 294, Clare, MI 48617 or Clare City Bakery