

EVENT REGISTRATION FORM



**Avilla
Parks**

DASH FOR THE DOG PARK 5K FUNDRAISER

REGISTRATION DETAILS

Mr. Ms. Sir Madam

Family Name: First Name:

Organization/Company:

Address:

Zip code:..... Town:

Phone:

Email:

REGISTRATION FEE

	Cost		# of Participants	T-Shirt Sizes	Total
Registration Fees				Adult- S, M, L, XL, 2XL, 3XL Youth- S, M, L	
Adult Registration Fee (includes t-shirt)	<input type="checkbox"/>	\$ 20.00	X		
Kids Registration Fee (includes t-shirt)	<input type="checkbox"/>	\$ 10.00	X		
				TOTAL DONATION:	

All registration proceeds will go towards the Avilla Dog Park Project.

EVENT DETAILS

Dates	Hours	How spent
6/5/2021	8:30am-9:00am	Registration, T-shirt Pick Up
	9:00am-9:30am	Welcome!
	9:30am-11:00am	Begin 5k, follow map & signs throughout Town
	11:00am	End 5k; Closing

OVER ALL EVENT DETAILS

EVENT NAME	Dash for the Dog Park 5K	DATE OF EVENT	June 5 th , 2021
ACTUAL TIME OF EVENT	BEGIN: 9:00am END: 11:00am	LOCATION:	104 Ley St., Avilla, IN 46710 NCPL Avilla

ALL DOGS WELCOME!

Please exercise good judgment and ensure safe interactions between your dog, your family members, and other dogs. All dogs must remain securely leashed for the duration of the event. Event organizers will not be held liable for injuries.

CANCELLATION POLICY

All cancellations must be in writing. Cancellations must be received before May 29th, 2021. From May 30th, 2021 on, refunds will not be provided. Replacements by colleagues, i.e. transfer of the registration at no extra cost, are much welcome.

WAY OF PAYMENT

Online:

www.bit.ly/AvillaDogPark ; Email antobort@gmail.com to designate donation for “Dog Park Dash 5K”

By Mail:

Send Registration Form and donation to “Restore Avilla”, P.O. Box 562, Avilla, IN 46710; Attn: “Dog Park Dash 5K”

In Person: Drop off Registration Form and donation to Avilla Town Hall, 108 S Main St, Avilla, IN 46710

**Donation must be EXACT. No change will be provided.*

<input type="checkbox"/> CREDIT CARD:	<input type="checkbox"/> American Express	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA
Cardholder	Amount:		
:		
Card #:	Expiry date:	Security Code (CVC):	
.....	
Date:	Signature:		
.....		

GENERAL RELEASE OF LIABILITY

I, _____, (Hereinafter the “Releasor”) for and in consideration of no payment.

THEREFORE under the terms of this Agreement and sufficiency of which is hereby acknowledged, do hereby release and forever discharge the Town of Avilla (including Avilla Parks and Restore Avilla), of 108 S. Main St., City of Avilla, State of Indiana (Hereinafter the “Releasee”) including their agents, employees, successors and assigns, and their respective heirs, personal representatives, affiliates, successors and assigns, and any and all persons, firms or corporations liable or who might be claimed to be liable, whether or not herein named, none of whom admit any liability to the undersigned, but all expressly denying liability, from any and all claims, demands, damages, actions, causes of action or suits of any kind or nature whatsoever, which I now have or may hereafter have, arising out of or in any way relating to any and all injuries and damages of any and every kind, to both person and property, and also any and all injuries and damages that may develop in the future, as a result of or in any way relating to the following: Avilla Dog Park Dash for the Dog Park 5K Fundraiser

It is understood and agreed that this Agreement is made and received in full and complete settlement and satisfaction the causes of action, claims and demands mentioned herein; that this Release contains the entire Agreement between the parties; and that the terms of this Agreement are contractual and not merely a recital. Furthermore, this Release shall be binding upon the undersigned, and his respective heirs, executors, administrators, personal representatives, successors and assigns. This Release shall be subject to and governed by the laws of the State of Indiana,

This Release has been read and fully understood by the undersigned and has been explained to me.

EXECUTED this ____ day of _____, 20__

Releasor’s Signature: _____

Print Name: _____

DATA PROTECTION STATEMENT & PERSONALITY / IMAGE RIGHTS

By filling out the registration form, the participant gives consent that ORGANIZER can process the data provided within the framework of the event and allow photographs to be taken during the event. This includes, unless registered participants object, all handling needed for the applicant’s participation at the event, for the drafting of a list of participants which will be used at the event, and placing photographs in the pictures gallery in web/printed publication.