



## Registration Form

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

By providing my email address I authorize Franklin's Friends to email me with news of upcoming fundraising events (please note Franklin's Friends will not share any of your personal information with any outside entities)

**Select Your Registration Type:**

- \_\_\_\_\_ I am registering as an individual.
- \_\_\_\_\_ I am joining a team. Team Name: \_\_\_\_\_
- \_\_\_\_\_ I am creating a team. Team Name: : \_\_\_\_\_

**Select your Payment Type:**

- \_\_\_\_\_ I will pay the \$20 registration fee.
- Payment: \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Credit Card (Amex, Visa, MC, Disc)
- Credit card# \_\_\_\_\_ Exp Date \_\_\_\_\_ CVV: \_\_\_\_\_
- Name as it appears on the card: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_
- Signature \_\_\_\_\_
- \_\_\_\_\_ I will raise \$100 in pledges instead of paying the registration fee

How did you hear about the event? \_\_\_\_\_

**Read and Sign the Release of Liability, Assumption of Risk, and Indemnity Agreement**

I request to participate in this event with this/these dogs (herein called "Dog(s)", whom I represent and warrant are either my dogs or dogs for whom, by my signing below, I accept complete and total responsibility). In consideration of the acceptance of this request and of the opportunity to have the Dog(s) participate, I agree to hold the City of Casselberry and Franklin's Friends, including their members, directors, officers, agents, successors, assigns, sponsors, employees, and volunteers (all of whom shall herein be called the "Hosts"), harmless from any claim of loss or injury, whether to property or person, including bodily harm and death (herein called a "Claim") which may be alleged to have been caused directly or indirectly to any person or thing by the act of the Dog(s) while on City of Casselberry property or attending any of the Hosts' events, including HOWL-O-WEEEN Dog Walk and Canine Costume Contest.

I personally assume all responsibility and liability for any such Claim. I (for myself, personal my personal representatives, and assigns) further agree to hold the Hosts harmless from any claim of loss of the Dog(s) by disappearance, theft, death or otherwise, and from any claim for damage or injury, caused or alleged to be caused by the fault or negligence of the Hosts. I am aware that there are inherent risks and hazards involved with and around dogs, and I am voluntarily participating in these activities with knowledge of these potential dangers. I hereby assume sole responsibilities for the Dog(s) and agree to indemnify and hold the Host harmless from any and all losses and expenses (including legal fees) by reason of any Claim upon the Hosts sustained by any person or persons including myself, resulting from or caused by my participation in this event. I certify that the Dog(s) and any dogs I may enter in any of the Hosts' events in the future are and shall be healthy and free from infectious disease and shall not be a hazard to persons or other dogs.

I HAVE READ THIS LIABILITY AND INDEMNITY WAIVER AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT FOR INDEMNITY BETWEEN MYSELF AND THE CITY OF CASSELBERRY AND FRANKLIN'S FRIENDS AND CERTAIN INTENDED THIRD-PARTY BENEFICIARIES. IT IS OF MY OWN FREE WILL FOR MYSELF OR MY CHILD OR ANY INDIVIDUAL TO WHOM I AM THE GUARDIAN THAT I SIGN THIS RELEASE.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please mail completed form to Franklin's Friends, 901 Versailles Circle, Maitland, FL 32751 or fax to (407) 629 8803 or email to [franklinsfriends@gmail.com](mailto:franklinsfriends@gmail.com). Call Monisha at (260) 693-7387 with any questions.

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800) 435-7352 WITHIN THE STATE OR VISITING <http://www.freshfromflorida.com/Consumer-Resources>. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE. FLORIDA REGISTRATION CH38383. NO FEES PAID TO PROFESSIONAL FUNDRAISING CONSULTANT OR SOLICITOR. THE ORGANIZATION RECEIVES 100% OF EVERY DONATION.