

Mutt Masters Dog Show and Olympics May 17, 2008

Registration Form:

Please complete the following form and return it, together with your check in the appropriate amount made payable to the City of Lincoln City, to the Lincoln City Visitor & Convention Bureau, 801 SW Hwy 101, Suite 1, Lincoln City, OR 97367. The proceeds from this event will benefit the Lincoln County Animal Shelter.

Dog Owner's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Please check the corresponding boxes to the categories you'd like to participate in. Each category costs \$2 per participating dog.

- | | | |
|---|---|--|
| <input type="checkbox"/> 1. Tail Wag Champ | <input type="checkbox"/> 6. Unusual Pet Trick | <input type="checkbox"/> 11. Best Dressed |
| <input type="checkbox"/> 2. Cutest Puppy | <input type="checkbox"/> 7. Fastest 20 Yard Dash | <input type="checkbox"/> 12. Longest Tail |
| <input type="checkbox"/> 3. Fabulous Frisbee Catcher | <input type="checkbox"/> 8. Sweetest Smoocher | <input type="checkbox"/> 13. Biggest Ears |
| <input type="checkbox"/> 4. Dandiest Dancing Dog | <input type="checkbox"/> 9. Sweetest Fetch Return | <input type="checkbox"/> 14. Dog/Human Look-a-Like Contest |
| <input type="checkbox"/> 5. The Towel-dog finds a treat hidden under a towel. | <input type="checkbox"/> 10. Best Singer | <input type="checkbox"/> 15. Best Smile |
- Total Number of events x \$2 per event = \$ _____**

My dog's name: _____ Handler's Name: _____

My dog's breed: _____ My dog's age: _____ My dog's sex: F M

_____ By checking here, I certify that my dog has current inoculations for rabies and any other inoculation recommended by my veterinarian, that I own the dog, and that I know of no sign or symptom that suggests my dog is currently ill or carrying a disease of illness communicable to humans or other dogs.

Read and Sign: I hereby register my dog in The Mutt Masters Dog Show and Olympics being conducted by the Lincoln City Visitor and Convention Bureau. I hereby declare on behalf of myself, my heirs, my executors, my administrators and my assigns that I will not hold the City of Lincoln City, its employees, volunteers or any other sponsors responsible for any injuries I or my dog or my dog's family handler named above may incur while participating in, or as a result of, said Mutt Masters and that I hereby release each and all of them from any liability or claims therefore. I further certify that if the dog's handler is under the age of 18, that I am the handler's legal guardian/parent, and that I have read the foregoing waiver and release, understand its contents, and hereby agree to the release contained therein on behalf of the registered minor and of the registered minor's parents/legal guardians.

I grant full permission to use any photographs, videotapes, recordings or any other record of this event for any purpose.

I certify that I am (18) eighteen years of age or older, and I have read this document and understand its contents:

Signature: _____ Date: _____

Handler's Signature: _____ Date: _____

For more information or to submit registration, contact the Lincoln City Visitor and Convention Bureau
801 SW Hwy 101, Suite 1, Lincoln City, OR 97367; 800-452-2151; 541-996-2119; www.oregoncoast.org