Attitudes In Reverse® (AIR) Miki & Friends Open AIR Dog Walk
Healthy in Mind & Body Waiver Forms

Last Name:_____First Name:_____Gender: M F
Address: _____
City:_____State:_____Zip: _____
Phone (Day Time):_____Alternate Phone: _____
E-mail: _____

Dog Waiver

Name(s) of Dog(s): _____

I understand that participating in the walk includes an element of risk for both me and my dog(s). I should not participate unless my dog(s) and I are physically able. I also understand that vehicle traffic will be present at the event and I assume any and all responsibility for, including, but not limited to, falls, illness, contact with other dogs and spectators, weather or surface conditions on the path. I also affirm that the dog(s) I will be running with has/have current rabies vaccination(s). I agree to abide by the rules of the event.

_ **My dog(s) is/are up-to-date on all of his/her/their shots.**

_____ _____
Participant's Signature/Parent or Guardian Signature (if under 18) Date

For Office Use Only: _____ _____ _____

Model Release

I,_____, for good and valuable consideration, the receipt of which is hereby acknowledged, hereby irrevocably authorize ATTITUDES IN REVERSE, PO BOX 3127, PRINCETON, NJ 08543, to use photographs of me and/or my property and authorize him/her/their and his/her/their assignees, licensees, legal representatives and transferees to use and publish (with or without my name, company name, or with a fictitious name) photographs, pictures, portraits or images herein described in any and all forms and media and in all manners including composite images or distorted representations, for the purposes of publicity, illustration, commercial art, advertising, publishing (including publishing in electronic form on CDs and Internet websites), for any products and services, and other lawful uses as may be determined by ATTITUDES IN REVERSE.

I further waive any and all rights to review or approve any uses of the images, any written copy and finished product.

_ I am of full legal age and have read and fully understand the terms of this release.

Signed_____Witness_____Date _____

_ I am the parent or legal guardian of the above mentioned minor and have the legal right and authority to execute the above release on behalf of the minor.

Signed_____Witness_____Date _____