

2023 BARK AT THE PARK REQUEST AND RELEASE

EMAIL SIGNED WAIVER AND PROOF OF VACCINATIONS (RABIES, DHLPP, AND BORDETELLA) TO SPORTSMARKETING@COFC.EDU

DOG NAME(S)_____

| | | 23 Bark at the Park day to be conducted in conjunction with a Athletics Complex, located in Mount Pleasant, South Carolina. | |
|---|--|--|--|
| I acknowledge that I know the risks and dangers involved in the activities associated with this promotion and that unanticipated and unexpected dangers may arise during such activities. I freely assume all such risk of injury to my person and property, both known and unknown, that may be sustained in connection with the promotion or activities, in and about the premises. | | | |
| participating so as to limit the risk of assigns, release and discharge the Co College of Charleston Department of stated activities, of and from any and | injury to others and myse llege of Charleston and a Athletics, officers, emplo all claims, demands, acti y presence at Patriots Po | te in the promotion or stated activities, I agree to exercise care in elf. In addition, I hereby for myself, my heirs, administrators and all Trustees, operators, and sponsors of College of Charleston and byees and officials, and all other participants in the promotion or ions, and causes of actions of any nature, for injuries sustained to int Athletics Complex and my participation in the promotion or | |
| | permission for me to par | the age of 18 years, I represent and certify that my parents and/or rticipate in the promotion or slated activities, and that they have | |
| leash at all times while in the College | of Charleston Baseball/S | abies, DHHLP, and Bordetella. I understand that dogs must be on a Softball Stadium and I am responsible for cleaning up after my dog. | |
| I understand that I am solely respons | sible for the actions of m | ny dog while in and around Patriots Point Athletics Complex. | |
| | | AND RELEASE, FULLY UNDERSTAND ITS TERMS, UNDERSTAND AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY | |
| IT WITNESS WHEREOF, I have execute Carolina. | ed this Request and Relea | ase at Patriots Point Athletics Complex, Charleston County, South | |
| (Print Participant's Name) – PERSON | NAME | (Participant's Signature) – PERSON | |
| Address | | | |
| City | State | Zip | |
| Phone | Email | | |
| | | h, April 16 th , April 23 rd , April 30 th , May 6 th , May 14 th | |
| and, for myself, my heirs, assigns, and | d next of kin, I release an | bility for this participant, do consent and agree to this release, and agree to indemnify and hold harmless the releases from any participation in these activities and programs as provided above. | |
| (Print Parent/Guardian Name) | | (Parent/Guardian Signature) | |