



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 Liability Waiver:

In consideration of the acceptance of this application and of the opportunity to have this/these dog(s) participate, I agree to hold the City of Casselberry and Franklin's Friends, (and their members, co-workers, co-sponsors, assistants, volunteers and employees), harmless from any claim of loss or injury which may be alleged to have been caused directly or indirectly to any person or thing by the act of this/these dog(s) while on City of Casselberry property or attending their events, including HOWL-O-WEEEN Dog Walk and Canine Costume Contest. I personally assume all responsibility and liability for any such claim and I further agree to hold the aforementioned parties harmless from any claim of loss of this /these dog(s) by disappearance, theft, death or otherwise, and from any claim for damage or injury, be caused or alleged to be caused by the negligence of the parties aforementioned or by the negligence of any other person or any other cause or causes. 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 the sole responsibilities for and agree to indemnify and hold aforementioned parties harmless from any and all losses and expenses (including legal fees) by reason of the liability imposed by law upon any of the aforementioned parties for damage because of bodily injuries, including death, at any time, resulting there from, sustained by any person or persons including myself or on account of damage of property arising out of or in consequence of participation in any event, however such injuries, death or damage to property may be caused or may have been caused by negligence of the aforementioned parties or any of their employees or agents, or any other persons. I certify that this/these dog(s) to be entered in this event or any event in the future is healthy and free from infectious disease and is not a hazard to persons or other dogs.

I HAVE READ THIS RELEASE OF LIABILITY AND FULLY UNDERSTAND THE CONTENTS THEREOF. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE CITY OF CASSELBERRY AND FRANKLIN'S FRIENDS. 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. Call Monisha at (260) 693-7387 with any questions.