

OFFICIAL OLYMPICS ENTRY FORM

COMPLETE THE INFORMATION BELOW, PRINT AND RETURN TO:

UCONN POLICE DEPARTMENT PBA
126 NORTH EAGLEVILLE ROAD
STORRS, CT 06268
ATTN: OLYMPIC COMMITTEE

Name: _____ Age: _____ Sex: M F

Address: _____ City: _____ State: _____

K-9 Name: _____ Breed: _____ Age: _____

Police Dept: _____ Biz Phone: _____

Type of Search you will do: (choose one)

Patrol

Narcotic

Explosive

Cadaver

Type of Weapon you will carry: _____

ENTRY FEE: \$25.00 PAYABLE TO: CT CANINE OLYMPICS

SHORT HISTORY OF YOU AND YOUR K-9 (*i.e. YEARS TOGETHER, SIGNIFICANT USES, SPECIAL AWARDS, NUMBER OF K-9'S ON YOUR DEPARTMENT, NUMBER OF K-9'S YOU HAVE HANDLED*)

***** THIS INFORMATION WILL BE ANNOUNCED AS YOU COMPETE *****

THE WAIVER ON THIS FORM MUST BE SIGNED OR IT WILL BE RETURNED AND VOID

The teams will negotiate man made obstacles and mud pit. A portion of the ring competition will involve K-9 bite work. This competition is open only to full-time law enforcement K-9 handlers.

Waiver:

I AM FULLY AWARE OF THE RIGORS AND DIFFICULTIES I MAY ENCOUNTER IN A ROAD AND CROSS COUNTRY AND/OR HIKING WITH DOGS, AND FULLY UNDERSTAND THAT I MAY BECOME INJURED, PARTIALLY OR WHOLLY, AS A RESULT OF MY PARTICIPATION IN THE EVENT. I ALSO KNOW THAT I SHOULD NOT ENTER AND RUN OR HIKE IN THE EVENT UNLESS I AM MEDICALLY FIT AND PROPERLY TRAINED FOR THE EVENT. I THEREFORE ATTEST AND VERIFY THAT I AM MENTALLY AND PHYSICALLY FIT AND SUFFICIENTLY TRAINED TO PARTICPATE AND COMPETE THIS EVENT. AND MY PHYSICAL CONDITION HAS BEEN VERIFIED BY A LICENSED MEDICAL DOCTOR WITHIN THE LAST SIX MONTHS. I FURTHER AGREE TO ABIDE BY THE DECISION OF AMY EVENT OFFICIAL AS TO MY ABILITY TO SAFELY COMPLETE THE EVENT

I ASSUME ALL RISK WITH RUNNING THIS EVENT INCLUDING BUT NOT LIMITED TO, FALLS, CONTACT WITH OTHER PARTICPANTS OR DOGS, DOG BITE, EFFECTS OF THE WEATHER, INCLUDING HOT TEMPERATURES, TRAFFIC CONDITIONS OF THE ROAD, TRAILS OR TERRAIN, AND ALL SUCH RISHKS BEING KNOWN AND APPRECIATED BY ME. HAVING READ THIS WAIVER AND KNOWING THE AFOREMENTIONED FACTS AND IN CONSIDERATION OF ACCEPTANCE OF THIS ENTRY, I, THE UNDERSIGNED INTENDING TO BE LEGALLY BOUND, AND MY HEIR, S EXECUTORS, ADMINISTRATORS, AND ANYONE AUTHORIZED TO ACT ON MY BEHALF, WAIVE AND RELEASE THE UNIVERSITY OF CONNECTICUT, THE DEPARTMENT OF PUBLIC SAFETY, THE STATE OF CONNECTICUT, THE TOWN OF STORRS, EVENT OFFICIALS, ORGANIZERS, VOLUNTEERS, SPONSORS, THEIR EMPLOYEES, AGENTS, REPRESENTATIVES, SUCCESSORS AND ASSIGNS FROM ALL CLAIMS OR LIABILITIES OF ANY KIND ARISING OUT OF MY PARTICIPATION IN THIS EVENT. FURTHER I HEREBY GRANT PERMISSION TO ANY AND ALL OF THE FOREMENTIONED TO USE ANY PHOTOGRAPHS, VIDEO TAPES, MOTION PICTURES, RECORDINGS OR ANY OTHER RECORD OF MY PARTICIPATION IN THIS EVENT FOR LEGITIMATE PURPOSE, WITHOUT COMPENSATION OR RENUMERATION.

SIGNATURE

DATE