



CASTAWAY COVE WATER PARK

DOG DAYS OF SUMMER

ATTENDEE AGREEMENT AND WAIVER

I AGREE TO THE FOLLOWING TERMS:

1. I do hereby represent and warrant that my dog(s) are spayed/neutered and wearing their current rabies tags. (Initial) _____
2. I do hereby represent and warrant that my dog(s) has complete, up to date vaccinations and current rabies shots. (Initial) _____
3. I understand that if a dog defecates in the pool, the pool will be evacuated of participants while the pool chemicals are being tested and a proper amount of time has passed. (Initial) _____
4. I do hereby represent and warrant that my dog(s) are currently registered with the City of Wichita Falls. (Initial) _____
5. I understand that I must provide current documentation showing up to date vaccinations, city tag, and spay or neuter. (Initial) _____
6. I agree to practice responsible pet ownership.
7. I understand that the Castaway Cove Dog Days of Summer is a litter-free event. I agree to immediately deposit any trash or day waste in the proper receptacle.
8. I agree not to leave my dog(s) unattended at any time.
9. I agree not to leave my dog(s) enclosed in any vehicle.
10. I release any right and grant full permission to the City of Wichita Falls to use, without payment, any photographs, video, motion pictures and sound recordings, or any other record or information derived from this or any other Castaway Cove Dog Days of Summer related event.
11. In participating in the Castaway Cove Dog Days of Summer event, I recognize and acknowledge that injury, illness or damage could occur to my person, children, property, or pet(s) caused by any of the participating pets, participants, premises or property defects or other causes. Nonetheless, in consideration for the acceptance of this entry and the allowance of myself, my dog(s) and /or my children's participation in the Castaway Cove Dog Days of Summer, I, for myself and my children, and all others who might otherwise make claim on behalf of me or my children, do hereby voluntarily assume full and sole responsibility for any injury, illness, or damage, accidental or intentional, which may occur to myself, my children, property, or pets directly or indirectly as a result of or during my or my children's participation in the Castaway Cove Dog Days of Summer. Further, I do hereby forever waive, release, discharge and hold harmless the City of Wichita Falls, Castaway Cove Water Park, City of Wichita Falls Animal Services Center, Wichita Falls-Wichita County Public Health District, PETS, and all sponsors, vendors, veterinarians/Veterinary staff, and officials from any and all claims, demands, actions and cause of action whatsoever including, but not limited to, any injury, illness, or damages to myself, my children, property, or pets which might result directly or indirectly from or during my, my pets or my children's participation.
12. All tickets and rental sales are final, non-refundable and will benefit PETS.

I fully understand and agree that failure to fully comply with any and all obligations outlined in the Castaway Cove Water Park Attendee Agreement and Waiver, will result in my removal from the park and forfeiture of my entrance fee.

Print Name _____

Address _____ City _____ State _____ Zip _____

Email _____ Receive future Castaway Cove Information Yes ___ No ___

Phone _____

Participants under 18 in my care:

Name _____ Age _____

Name _____ Age _____

Dogs entering the park with us today:

Name _____ Breed _____

Name _____ Breed _____

Signature _____ Date _____ Time _____

Staff use only:

City Tag verified (initials) _____

Vaccination Paperwork verified (initials) _____

Spay/Neuter verified (initials) _____

Staff Signature _____ *Date* _____