



**Sunday, August 14, 2016 1:00-5:00 pm**  
**Clapp Pool ~ 46<sup>th</sup> and Avenue U**  
 PO Box 2000, Lubbock, Texas 79457 (806) 775-2670  
 Sponsored By City of Lubbock Parks and Recreation

**RULES AND RESTRICTIONS**

1. Dogs should be at least six months of age.
2. **Must bring proof of current rabies vaccine on the day of the event. All dogs will be checked onsite. Dogs without current proof of rabies vaccination WILL NOT be allowed in the event.**
3. Dog must be accompanied by a person 18 years or older. Children may participate with their dogs if accompanied by their parent or guardian.
4. No more than one dog per person.
5. Well-behaved dogs are welcome. Dogs must be leashed when not in the water.
6. No female dogs in season/heat allowed.
7. Aggressive dogs will not be permitted to participate. Out of control dogs or dogs exhibiting aggressive behavior must leave the pool area immediately.
8. Owners must clean up after accidents.
9. People may swim with their dogs at their own risk.

**2016 K-9 SPLASHFEST – REGISTRATION FORM**

**ENTRY #:** \_\_\_\_\_

EVENTS: Please check all events that you are entering your dog! \_\_\_\_\_ 25 yard Swim (Timed Event)  
 \_\_\_\_\_ Swimsuit Competition \_\_\_\_\_ Diving (Scored Event) \_\_\_\_\_ Retrieving (Timed Event)

DOG'S NAME: \_\_\_\_\_ BREED: \_\_\_\_\_

COLOR/MARKINGS: \_\_\_\_\_ CIRCLE ONE:      MALE      FEMALE

AGE: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ RABIES VACCINATION DATE: \_\_\_\_\_

OWNER: \_\_\_\_\_ PHONE: (    ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

HOW DID YOU HEAR ABOUT THE EVENT: \_\_\_\_\_

**By signing this agreement, and in consideration for being allowed to participate in the K-9 Splashfest on August 14, 2016, I agree to release the City, its elected officials, officers, agents, employees and independent contractors, from any liability related to or as a result of the activities contemplated by this agreement. I further agree to accept responsibility for my actions and those of my pet, and I agree to indemnify the City against any liability that might arise from those actions.**

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Staff Use Only:**

Rabies Vaccination Verified: \_\_\_\_\_ Leashed: \_\_\_\_\_ Staff Initials: \_\_\_\_\_