

WNZR "Dog Days of Summer" Costume Parade # _____

Dog Owner's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Dog's Age: _____

Dog's Name: _____

Dog's Costume: _____

Dog Owner's Costume: _____

By checking the boxes and signing below, I agree to the following:

- My pet will be leashed at all times;
- I will be responsible for cleaning up after my pet;
- My pet will display current county dog license and rabies vaccination tags;
- I accept financial responsibility for any damages caused by my pet;
- I release Main Street Mount Vernon, WNZR and Mount Vernon Nazarene University, their Directors, Officers, Agents, Employees and Volunteers from any and all liability and waive any claim for damages as a result of my participation in this event.
- Participation in this parade and photo booth constitutes prior permission to use you and your dog's name, voice, photograph, and likeness in connection with any promotion on WNZR or with Main Street Mount Vernon, in social media or in promotional material. WNZR and Main Street Mount Vernon waives any claim of royalty, right, or remuneration.

Signature: _____



501 S. Main Street, Mount Vernon, Ohio 43050
(740) 393-1481



800 Martinsburg Road, Mount Vernon, OH 43050
740-392-9090

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