The Great Dog Walk Rules and Registration

Saturday 4 October
Registration from 9.30 – 10am
Walk from 10am – 12.30pm
Meet: Roto Kohatu Lakes Car park, Sawyers Arms Road, Harewood
Distance: 3km or 5km loop

- All dogs must be on a lead and kept in effective control at all times on the walk
- Any dog listed as dangerous breeds or ill-tempered must by muzzled
- One container bag “poop-scoop” per person
- All dogs must have had relevant inoculations
- The responsibility of all participants, should their dog foul, is to clean it up
- Dogs must not wander off course into other areas of the park

Entry Form:

Dog's name: __________________________ Breed ( X if cross): __________________________

Dog Walker's name: __________________________ ( please enter the person in charge of the dog on the day, even if you are not the owner)

Address: __________________________________________ _________________________
___________________________________________________ _______________________

Post Code: ____________________ Tel / Mobile No. _____________________________
(contact number is required)

I agree to abide by all the above rules and follow any official request whilst on the walk

Signed: __________________________ Date: __________________________
MODEL RELEASE

I hereby grant the Christchurch City Council the right and permission to copyright and use my name and photographic image for all forms of published material or any other lawful purpose in relation to promotions and communications pertaining to the Christchurch City Council and any organisations the Christchurch City Council funds, sponsors or supports.

I waive any right that I may have to inspect or approve the finished product or copy.

I am legally entitled to authorise this use and have read and fully understood the above authorisation.

Print Name: ____________________________________________________________

Signature: ___________________________________________________________  Date: ____________

Contact Details

Address: ______________________________________________________________

City: _________________________________________________________________

Phone: ______________________________________________________________

Alternative Contact Phone: _____________________________________________

If Model is under 18:

I, ____________________, am the parent/legal guardian of the individual named above, I have read this release, understand and approve of its terms.

Print Name: __________________________________________________________

Signature: ____________________________  Date: ____________

______________________________________________________________

Photographers Use Only

Photo code:

Identifying characteristics: