

2017 Junior Vet University Day

Fill out all

required parts of this form carefully. Incomplete or inaccurate information will delay your registration.



Fill in Information for Head of Household- Please Print:

Parent/Guardian's Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Child's Information- Please Print:

Number of Children: _____

First Name(s): _____

Scrub Size: S ____ M ____ L ____

	SML	MED	LGE
Chest	20-22	23-26	27-30
Waist	18-20	21-24	25-28
Hip	20-22	23-26	27-30
Center Back Length	15	17	21
Inseam	14	19	23

Complete Payment Information:

Make checks payable to Countryside Veterinary Service. NO REFUNDS will be granted for any reason.

Total cost \$ _____ Cash ____ Check ____

Sign the Waiver:

Waiver and Release of All Claims and Assumption of Risk

Please read this form carefully and be aware that in signing up and participating, in this activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages, or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this activity.

I recognize and acknowledge that there are certain risks of physical injury to participants in this activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this activity against Countryside Veterinary Service, including its' officials, volunteers and employees.

I do hereby fully release and forever discharge Countryside Veterinary Service from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with this activity.

I understand that photos and videos are periodically taken of people participating in Countryside Veterinary Service activities and I agree that any photograph or videotape taken by Countryside Veterinary Service of me or my minor child/ward while participating in an activity may be used by the clinic for promotional purposes including its' electronic media, brochures, flyers and other publications without additional prior notice, permission or compensation to the participant.

I have read and fully understand the above important information, the nonrefundable refund, program policies, warning of risk, assumption of risk and waiver and release of all claims.

Signature of Participant's Parent/Guardian: _____ Date: _____

FORMS MUST BE TURNED IN WITH FULL PAYMENT BY THURSDAY JUNE 1ST AT 5PM