



Dubuque Oktoberfest



Wiener Dog Race

Registration Form

Owner's Name: _____

Dog's Name: _____

Dog's Age: _____ Circle One: Male Female

Address: _____

City, State Zip: _____

Phone: _____ E-mail: _____

My dog is current on rabies vaccination: Y N

I acknowledge that, in consideration for participating in this event, I release from liability and waive my right to sue Dubuque Oktoberfest, Camp Albrecht Acres, their employees, officers, volunteers, and agents from any and all claims (including claims of negligence) for injury, illness, or economic loss related to participation in this event. I have read the rules of the Dubuque Oktoberfest Wiener Dog Races.

Date: _____

Signature: _____