

**BRING YOUR DOGS**  
**7th ANNUAL WALK THE WALK**  
**WIN A**  
**60" COLOUR TV**  
**FOR HIGHEST PLEDGE SHEET**  
**TO SAVE ABANDONED & ABUSED DOGS**  
**Picnic with Live Music**

**Sunday**  
**August 26, 2018**

**1:00 - 4:00 pm**

**Settler's Park, Port Coquitlam**  
**(see over for details & pledge sheets)**



**DOGWAY**  
**DOG RESCUE SOCIETY**

**Ph: 778-896-1439**

[cherrybim@shaw.ca](mailto:cherrybim@shaw.ca) [dogwaydogrescue.org](http://dogwaydogrescue.org)

# Picnic Lunch • Dog Games Prizes for Best Dog Tricks Doggie Walk Around The Park

We believe dogs are sentient beings & we devote our energies to the rescue and rehoming of abused and abandoned dogs and death row dogs. We provide them with medical, dental care, and behavioural modification where necessary and teach them to trust and love again. We have rescued over 2,400 dogs.

***PLEASE BRING COMPLETED PLEDGE SHEETS  
AND PLEDGE MONIES WITH YOU!***

**If you cannot attend, please support a Dogway dog by collecting  
pledges and sending them to Dogway Rescue Society  
PayPal to [cherrybim@shaw.ca](mailto:cherrybim@shaw.ca)**

## DOGWAY PLEDGE FORM

Name: _____
Address: _____
Phone: _____ Pledge Amount _____ <input type="checkbox"/> Paid <input type="checkbox"/> Cash <input type="checkbox"/> Cheque

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EVENT WAIVER: Must be signed by each participant. In consideration of the Dogway Rescue Society accepting this entry and knowledge of the inherent risks associated with this event, I hereby for myself, my heirs, executors, and administrators WAIVE and RELEASE any and all rights and claims for any damages of any sort I have against Dogway Rescue Society holding this event, their agents, representatives, successors, assigns and event sponsors for any and all injuries suffered by me or my animal companion as a result of this event, for any cause whatsoever including negligence.

Warning: Any participant with known and unknown physical and/or health conditions that may be aggravated by participation in this event (example: epilepsy, heart conditions etc.) should check with his/her physician before entering. Neither the organizers, nor the sponsors are responsible for pre-event screening of the participants and/or injuries incurred during this event.

All youth participants (17 or under) must have parent/guardian sign on their behalf. I have read the above waiver in full understanding'

Signed: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_