

Dog Registration Form

Eligibility Requirements

- Fill out and sign the attached registration form & waiver
- Must bring Proof of Rabies Vaccination in one of the following forms:

Proof of Shots from
Veterinarian

Tag on dog with date of
expiration

- Photo of dog (in case dog is lost on site)

Dog Rules

- All dogs must be on a leash at all times
- Dog leashes cannot exceed 4 feet
- Owners must clean up after their dogs
- Only one dog per owner will be allowed
- Dog Owners Must Report Any Incidents To First Aid immediately
- All dogs must have their festival tag visible at all times

Your Dog Will Not Be Allowed Admission If

- You do not have Proof of Rabies Vaccination
- Your dog shows an aggressive or dangerous personality

Your dog's admission may be revoked if

- In the sole discretion of the Renaissance Festival staff it is determined that your dog poses any risk to the health and safety of others
- You or your dog are not complying to these dog rules

Please read, sign, and submit this waiver as part of your Dog Registration Form.

I am aware that during the course of my visit to the Renaissance Festival certain Inherent risks are involved because I am attending with my dog. In consideration for being allowed to attend the Renaissance Festival with my dog I agree to assume FULL AND TOTAL liability for any and all damages including, but not limited to: injury to a person, property, or other dogs that are alleged to have been caused in total, or in part, by the direct or indirect activities of my dog, me, and/or other persons attending the Renaissance Festival with my dog. I agree to hold harmless and indemnify the following entities and individuals from any cause of action, that directly or indirectly involves my dog; Mid-America Festivals Corp; all other companies with similar ownership and/or management as is in place at Mid-America Festivals Corp. including, but not limited to City of Bonner Springs & Wyandotte County, including of their respective governmental and corporate officers, agents, employees, guests and other individuals, acting in an official or advisory capacity, from any cause of action that directly or indirectly involves my dog, I agree to pay for the costs of attorney fees and court costs incurred by the above mentioned parties to defend any actions, in addition to any other costs and damages that may be assessed.

I hereby certify to the following facts:

1. I am the owner of the dog attending The Renaissance Festival;
2. I will be in control of my dog at all times while at the Renaissance Festival;
3. All of the information contained in this 2021 Qualified Dog Admission and Waiver Form is accurate;
4. My dog has not been deemed a dangerous or potentially dangerous animal at any time in the past;
5. My dog has never caused a problem in a crowded public environment such as the Renaissance Festival;
6. I will maintain adequate LIABILITY INSURANCE coverage at all times that I attend the Renaissance Festival with my dog.



2021 Kansas City Renaissance Festival

KCRenFest.com • 913-721-2110 • office@kcrenfest.com
Weekends September 4 - October 17, Labor Day and Columbus Day • 10am-7pm

If my dog should bite a person, bite another animal, cause property damage and/or be directly or indirectly involved in any incident I agree to the following:

1. I will report the incident immediately to the Renaissance Festival Safety Service or Security staff;
2. Keep my dog available until I have received instructions from the Renaissance Festival staff and/or local authorities regarding the required procedures.

Owner Information

Name

Address

City

State

Zip

Phone

Email

Dog Information

Name

Breed

Age

Male

Female

(circle one)

RABIES VACCINATION MUST BE CURRENT TO BE ELIGIBLE FOR DOG ADMISSION.

Please list date of most recent vaccination: ____ / ____ / ____ Tag# _____

I have read and understand the 2021 Dog Registration Information, Rules, and Waiver and completed the Qualified Registration Form. I understand and agree to full compliance for my dog, my guests and myself. I CERTIFY THAT ALL INFORMATION I HAVE PROVIDED IS CURRENT AND CORRECT.

By checking this box, I DECLINE to have my email used for future KCRF marketing information.

Signature

Date

Printed Name

Cell Phone