



Participant Registration Form  
The Animal Welfare League  
of Montgomery County

## Chompers Free Food Program

Are you the owner of the animals?  Yes  No  
Do you live in Montgomery County?  Yes  No  
Are you under economic hardship?  Yes  No  
Are you over 60 years of age?  Yes  No  
Where did you hear about this event? \_\_\_\_\_

Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State and Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Email Address \_\_\_\_\_

Number of dogs \_\_\_\_\_ Name(s) \_\_\_\_\_  
\_\_\_\_\_

Number of cats \_\_\_\_\_ Name(s) \_\_\_\_\_  
\_\_\_\_\_

Do you need assistance getting your animals spayed/neutered?  Yes  No

Please contact me about additional free food events

What do you think of this program? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I grant the Animal Welfare League of Montgomery County and its representatives and volunteers, the right to take photographs of me or use my quotes in connection with the Chompers Free Pet Food Drive. The Animal Welfare League of Montgomery County may use such photographs of me, with or without my name for any lawful purpose, for the following uses: Publicity; Advertising; Web Content. Please be advised that AWLMC is not responsible for the quality or safety of the free pet food provided to you. By signing this agreement you agree to indemnify AWLMC, including its officers and volunteers both collectively and individually, and hold them harmless from and against any direct, indirect, special, incidental, punitive or consequential damages, including but not limited to the injury to and loss of your pet, which may arise from your decision to accept and use the pet food.

I have read and understand the above:

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please Print, Sign & bring this form with you to the event.**