

Chicago Pet Show Indemnification for Animals at Show

I am an Authorized Representative of the Owner of the Animal and agree to indemnify the "Producer" of the Chicago Pet Show ("Show") as follows:

- I agree to abide by the Chicago Pet Show Exhibitor Agreement (for Exhibitors) and all Rules and Regulations (for Exhibitors and Attendees), on-line at www.ChicagoPetShow.Com and available at the show desk.
- Before entering the Show at the Hall, I will produce the proof of rabies vaccine for each animal entering the show. I further state the animal(s) is/are healthy, free from parasites and have all necessary shots.
- By bringing any animal to the Show, I understand that I am doing so at my sole risk, cost and expense, and any harm that comes to the animal(s) shall be solely my responsibility. Should any injury occur to any person, animal or property as a result of the behavior of animal(s) at the Show, whether expected or unexpected, regardless of the stimulus for the behavior, the animal's spontaneous conduct; conduct of another animal; conduct of any person or thing; or, any combination thereof, I will be solely liable and responsible for injury or property damage, including attorneys fees and, I hereby indemnify, hold harmless, protect and defend the Producer from and against any and all claims of liability and damages resulting from any injury to any person or animal, property damage, loss, claim, or expense resulting from or arising out of the behavior of any animal(s) or person(s).
- I understand should the animal(s) appear aggressive or dangerous in any way, at the Producer's sole discretion and direction, I will remove the animal(s) from the Show.
- I will report any such occurrences, injuries or property damage immediately to the Producer.

**Complete the information below and fax to 630-385-4006.
The Producer shall require identification before entry into the Hall.**

Dogs name _____

Pet Parents Name _____

Address _____

City _____ St _____ Zip _____

Phone _____ Email _____

Complete a separate form for each animal.

Name _____ Animal(type) _____ Rabies# _____ Dt ____ / ____ / ____

Signature _____ Date ____ / ____ / ____
Authorized Representative

Rabies #

Complete form for each animal. Group Name _____

Name _____ Animal(type) _____ Rabies# _____ Dt ____ / ____ / ____

Signature _____ Print _____ Date ____ / ____ / ____

Name _____ Animal(type) _____ Rabies# _____ Dt ____ / ____ / ____

Signature _____ Print _____ Date ____ / ____ / ____

Name _____ Animal(type) _____ Rabies# _____ Dt ____ / ____ / ____

Signature _____ Print _____ Date ____ / ____ / ____

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