

# DOG PARK REGISTRATION FORM



**Dog owner information:**

Name \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

**Annual Membership (renewable January 1):**

- \$12.00 Resident
- \$24.00 Nonresident
- \$5.00 Additional/Replacement Key Fob
- \$6.00 Resident after Labor Day
- \$12.00 Nonresident after Labor Day

One key fob for entry to the dog park will be issued to each registered household for up to three dogs. Maximum of two key fobs per household. Memberships are non-transferable and non-refundable. Proof of medical records and license is required.

Dog #1 Name \_\_\_\_\_ Color \_\_\_\_\_ Age \_\_\_\_\_

Breed \_\_\_\_\_ Male \_\_\_ Female Spayed/Neutered? \_\_\_\_\_

Dog License # \_\_\_\_\_ Issuing Municipality \_\_\_\_\_

	Expires		Expires		Date Done
<b>Bordatella</b>		<b>Parainfluenza</b>		<b>Fecal Check</b>	
<b>Distemper</b>		<b>Parvovirus</b>			
<b>Hepatitis</b>		<b>Rabies</b>			

Dog #2 Name \_\_\_\_\_ Color \_\_\_\_\_ Age \_\_\_\_\_

Breed \_\_\_\_\_ Male \_\_\_ Female Spayed/Neutered? \_\_\_\_\_

Dog License # \_\_\_\_\_ Issuing Municipality \_\_\_\_\_

	Expires		Expires		Date Done
<b>Bordatella</b>		<b>Parainfluenza</b>		<b>Fecal Check</b>	
<b>Distemper</b>		<b>Parvovirus</b>			
<b>Hepatitis</b>		<b>Rabies</b>			

Dog #3 Name \_\_\_\_\_ Color \_\_\_\_\_ Age \_\_\_\_\_

Breed \_\_\_\_\_ Male \_\_\_ Female Spayed/Neutered? \_\_\_\_\_

Dog License # \_\_\_\_\_ Issuing Municipality \_\_\_\_\_

	Expires		Expires		Date Done
<b>Bordatella</b>		<b>Parainfluenza</b>		<b>Fecal Check</b>	
<b>Distemper</b>		<b>Parvovirus</b>			
<b>Hepatitis</b>		<b>Rabies</b>			

**OFFICE USE:**

Key Fob # \_\_\_\_\_ Date issued \_\_\_\_\_

Payment received: \_\_\_\_\_ Credit Card \_\_\_\_\_ Check \_\_\_\_\_ Cash \_\_\_\_\_ Documentation attached \_\_\_\_\_

# Wyoming Dog Park



I recognize and acknowledge that use of the Wyoming Dog Park and the surrounding area for dog activities and participating in dog activities entails certain risks of damage, loss or injury to animals, persons or property (including to me, other persons, my dog and other dogs or animals), and I voluntarily agree to assume the full risk of and responsibility for any injuries, damages, loss, liability, costs and expenses, regardless of severity, extent or amount that (a) I, my dog or any other person accompanying me might sustain or incur as a result of my presence in this facility and surrounding area or my participating in any and all activities connected with or associated with use of the Wyoming Dog Park and surrounding area; or (b) any other person or animal might sustain as a result of my or my dog's actions or conduct in connection with or associated with use of this facility and surrounding area.

I do hereby agree to waive, relinquish, release and forever discharge (a) the City of Wyoming, and its officers, employees and agents, and (b) any volunteer assisting or working on behalf of the City of Wyoming or any of its officers, employees or agents from any and all claims or causes of action for injuries, damages, loss, liability or expenses that I may have or which may accrue hereafter to me or any other person claiming through me or on my behalf and arising out of, connected with, or in any way associated with the use of the Wyoming Dog Park and surrounding area.

I further agree to indemnify and hold harmless and defend (a) the City of Wyoming and its officers, directors, employees and agents, and (b) any volunteer assisting or working on behalf of the City of Wyoming or any of its officers, employees or agents from and against any and all losses, claims, damages, liabilities, cause of actions, and expenses (including but not limited to court costs and attorney fees), occurring, growing out of, incident to, or resulting directly or indirectly from my use of this facility and surrounding area, including without limitation any losses, claims, damages, liabilities, cause of actions and expenses on account of personal injury to or death of any person or animal, or damages to property of any person or entity (including but not limited to the City of Wyoming).

I HAVE READ AND FULLY UNDERSTAND THE ABOVE IMPORTANT INFORMATION, WARNING OF RISK, ASSUMPTION OF RISK AND WAIVER AND RELEASE OF ALL CLAIMS.

Date \_\_\_\_\_

\_\_\_\_\_  
Member's Name (Please Print)

\_\_\_\_\_  
Member's Signature

**Wyoming  
Dog Park**



**Dog Park Sign-Off on Rules  
And  
Medical Requirements**

\_\_\_\_\_ I acknowledge receipt of the Dog Park Incident Policy and General Information Packet.

\_\_\_\_\_ I have read and understand the Dog Park Rules.

\_\_\_\_\_ I understand that there are no refunds of membership fees.

\_\_\_\_\_ I agree to provide updated medical records if and when my dog's vaccinations/tests expire. I understand that if I don't do this, my membership will be deactivated and will not be re-activated until I submit updated records.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date