

# Marshalltown Dog Park Membership Form

**Annual Permit Fee (renewal date is January 1<sup>st</sup>) is \$25 for one dog (\$20 if spayed/neutered--must have proof from veterinarian); each additional dog \$15. Bring completed form, fee and proof from your veterinarian of vaccinations (listed below) and spaying/neutering to Marshalltown Parks and Recreation, 10 West State.**

Names of Owner(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Veterinarian's Name \_\_\_\_\_

Veterinarian's Phone Number \_\_\_\_\_

**No tags are issued without copy of rabies certificate verifying Rabies & Distemper/Lepto combo**

**Dog #1**

Dog's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_M \_\_\_\_F

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Status:  Altered (Spayed/Neutered)  Unaltered

**Office Use Only:** Clerk's Initials \_\_\_\_\_  
Year \_\_\_\_\_ Tag # \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Date Paid: \_\_\_\_\_

Vaccination Date: \_\_\_\_\_ Revaccination Date: \_\_\_\_\_

**Dog #2**

Dog's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_M \_\_\_\_F

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Status:  Altered (Spayed/Neutered)  Unaltered

**Office Use Only:** Clerk's Initials \_\_\_\_\_  
Year \_\_\_\_\_ Tag # \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Date Paid: \_\_\_\_\_

Vaccination Date: \_\_\_\_\_ Revaccination Date: \_\_\_\_\_

**Dog #3**

Dog's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_M \_\_\_\_F

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Status:  Altered (Spayed/Neutered)  Unaltered

**Office Use Only:** Clerk's Initials \_\_\_\_\_  
Year \_\_\_\_\_ Tag # \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Date Paid: \_\_\_\_\_

Vaccination Date: \_\_\_\_\_ Revaccination Date: \_\_\_\_\_

**TOTAL AMOUNT PAID** \_\_\_\_\_

## Release of Liability

ACCEPTANCE OF THE TERMS AND CONDITIONS OF THIS RELEASE AND ADHERENCE TO MARSHALLTOWN DOG PARK RULES ARE CONDITIONS OF PERMIT APPROVAL, RETENTION, AND RENEWAL. PERMITS MAY BE REVOKED FOR NONCOMPLIANCE.

I hereby acknowledge that I voluntarily have applied to participate and use, with my dog(s), the Dog Park owned and operated by the City of Marshalltown Parks and Recreation Department. I understand that the act of unleashing my dog(s) and being physically present within the Dog Park necessarily involves risks of injury to me, any individual (including children), my dog(s), and other dogs, including, but not limited to, risks resulting from aggressive or dangerous dogs, unpredictable behavior, lack of training and lack of vaccination. I understand that the aforementioned risks are entirely my responsibility and I expressly assume all of these risks.

I understand that no agent of the Marshalltown Dog Park Association or employee or officer of the City of Marshalltown will supervise the off-leash area at any time.

By signing this release of liability and using the Dog Park, I hereby fully and forever release and discharge the City of Marshalltown, the Parks and Recreation Department and their volunteers, employees and agents from any claims, demands, damages, rights of action or causes of action present or future, resulting from or arising out of my use or intended use of said off-leash area premises. I fully and forever release and discharge the City of Marshalltown, the Parks and Recreation Department and their employees and agents from any and all negligent acts and omissions in the same, and intend to be legally bound by this release. I hereby assume sole responsibility for and agree to indemnify and save harmless the City of Marshalltown, the Parks and Recreation Department, their employees, agents and volunteers for any damage because of bodily injury, death or damage or loss to property, including legal and expert witness fees, caused by the negligence of the aforementioned parties, employees, agents or volunteers of the City of Marshalltown or any other persons using the facility or animals thereon.

I have carefully read this release of liability and understand and fully agree with its contents. I also have received a copy of the Dog Park rules and I agree by my signature below to fully comply with these rules and to inform others I bring into the facility, including children, of these rules and will ensure their compliance with the rules. My signature also confirms that I am not aware of any instance in which the dog I am requesting an annual permit or daily pass for has shown aggressive, fighting or biting behavior toward other animals or people.

### **Dog Owner**

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

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

### **Additional Handler**

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

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