

WHS DOG PARK APPLICATION

TEMP# _____ PERM# _____

OWNER _____

Address _____

City _____ State _____ Zip _____

Preferred Phone _____ Driver's License # _____ State _____

Email _____

Dog 1

Dog's Name _____

Breed _____

Color _____ Age _____ Sex M F Spay/Neuter Y N

Rabies Tag # _____ Date Given _____

Expires _____

Vet Name or Practice _____

Dog 2

Dog's Name _____

Breed _____

Color _____ Age _____ Sex M F Spay/Neuter Y N

Rabies Tag # _____ Date Given _____

Expires _____

Vet Name or Practice _____

Acceptance of Risk and Release of Liability: Acceptance of the terms and conditions of this release and adherence to dog park rules are conditions of membership approval, retention and renewal. Membership may be revoked for non-compliance.

I hereby acknowledge that I have voluntarily applied to participate and use, with my dog(s), designated park areas operated by the Watauga Humane Society (WHS). I understand that unleashing my dog(s) and being physically present at the dog park involves risk of injury to me, any individuals accompanying me, other people, my dog(s), including but not limited to, risks resulting from aggressive dogs, unpredictable behavior, and lack of training. I further understand that despite the efforts of WHS to ensure that owners have complied, there is a risk that not all dogs present in the dog park are licensed and vaccinated as required by law which could result in injury to a human or a dog. Additional risks include but are not limited to: dog fights; dog bites; theft or unlawful capture; escape over fences; vegetation or standing water that may be poisonous if consumed; burrs or seeds that may become lodged in dog's coat, feet, eyes, ears or nose; mosquitoes; chiggers; fleas, and other insects;

and wildlife typically found in a park such as snakes, raccoons, etc. It is my understanding that use of the dog park is self-directed and not directly supervised by an agent or employee of WHS. I assume all risks associated with using the dog park, including fixtures and equipment, in an unsupervised and self-directed manner.

By signing this release, I agree to indemnify and serve harmless WHS, its agents, officers and employees and assigns form and against all loss, cost, damages, expense and liability resulting from my use of the dog park, including death, sickness, injury, and disease to any person or dog or destruction to property, real or personal, arising directly from my use of the dog park. I read this release of liability and understand, agree with, and accept its terms and conditions. I have also received a copy of the rules for dog park use and agree to abide by these rules.

Signature _____

Date _____

Issued by/Witness _____

Regular \$65 Seniors \$50 Student \$45 6 Month \$45 1 Month \$25 Week \$15
3 Day \$10 1 Day \$5

Each addition dog \$15 per year

Cash Credit Debit Check TOTAL \$ _____