

# Doylestown Dog Park Membership Application/Renewal

Last Name \_\_\_\_\_ First name \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Residency (check one):**  Resident (Doylestown Township/Borough) - \$55 **or**  Non-Resident (all others) - \$ 65  
 Senior - 65+ (Doylestown Township/Borough) - \$ 50 **or**  Senior - 65+ (Non-Resident) - \$ 60

**Add'l Dogs (over two):** \_\_\_\_\_ @ \$15/ea (R) / \$20/ea (NR) • Add'l Key Fob (1/household) \_\_\_\_\_ @ \$20/ea

**Renewal (complete):** Key Fob 1 # \_\_\_\_\_ Key Fob 2 # \_\_\_\_\_

Address: \_\_\_\_\_ Township: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone (h): \_\_\_\_\_ Phone (c): \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emer. Phone: \_\_\_\_\_ Emer. Cell: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Additional family members permitted to use access tag (**18 years of age and have completed orientation**) - Office Use Only

1) \_\_\_\_\_ DOB: \_\_\_\_\_ 3) \_\_\_\_\_ DOB: \_\_\_\_\_

2) \_\_\_\_\_ DOB: \_\_\_\_\_ 4) \_\_\_\_\_ DOB: \_\_\_\_\_

*Use additional sheet for other dogs in same household (R - \$15 ea. / NR - \$20 ea.)*

Breed: _____	Age: _____	Date of Birth ____/____/____	Weight (lbs.) _____
Name of Dog: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Spayed/Neutered: <input type="checkbox"/>	
Color(s): _____	Vet: _____		
License #: _____	Exp. Date: ____/____/____	Rabies #: _____	Exp. Date: ____/____/____
Has this dog ever displayed any aggressive behavior toward another dog(s) or person(s)? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown			
Has this dog ever received a Police or PA Dog Law citation? <input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes (reason) _____			

First Dog

Breed: _____	Age: _____	Date of Birth ____/____/____	Weight (lbs.) _____
Name of Dog: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Spayed/Neutered: <input type="checkbox"/>	
Color(s): _____	Vet: _____		
License #: _____	Exp. Date: ____/____/____	Rabies #: _____	Exp. Date: ____/____/____
Has this dog ever displayed any aggressive behavior toward another dog(s) or person(s)? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown			
Has this dog ever received a Police or PA Dog Law citation? <input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes (reason) _____			

Second Dog

Payment method:  Check  Cash  Credit Card (*complete below*):  Visa  MasterCard  Discover

Credit Card #: \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_ CVV # \_\_\_\_\_

Billing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cardholder signature \_\_\_\_\_ Date: \_\_\_\_\_

### Office use Only

<input type="checkbox"/> Orientation	<input type="checkbox"/> DHPP	Application: <input type="checkbox"/> New <input type="checkbox"/> Renew = \$ _____
<input type="checkbox"/> Application & <input type="checkbox"/> Waiver	<input type="checkbox"/> Bordetella	Add'l Dogs: _____ @ \$ _____ = \$ _____
<input type="checkbox"/> Sign-Off Form	Fob #1 _____	Add'l Fob (1): _____ @ \$ _____ = \$ _____
<input type="checkbox"/> License	Fob #2 _____	<b>TOTAL = \$ _____</b>
<input type="checkbox"/> Rabies		

## Sign-Off - Rules and Immunization Requirements

Please read this page carefully, initial and sign. This page is required to be submitted with your registration materials.

\_\_\_\_\_ I have received, read and understand the Doylestown Dog Park Application and Information Packet in its entirety and agree to abide by all rules and park etiquette as established. I understand that failure to comply will result in suspension or revocation of my dog park membership without refund.

\_\_\_\_\_ I understand that I am solely responsible for the actions of myself and dog(s) including but not limited to

\_\_\_\_\_ Any and all damages caused to the park facility by my dog(s)

\_\_\_\_\_ Any and all injuries caused by my dog to another person(s) and or dog(s)

\_\_\_\_\_ I understand and agree that it is solely my responsibility to maintain current immunization and license records on file and provide updated records if and when they expire for as long as I maintain a Doylestown Dog Park membership. I understand that if I do not do this, my access key fob will be deactivated and will not be reactivated until updated/current records are submitted.

\_\_\_\_\_  
Name (print legibly)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Doylestown Township reserves the right to suspend or revoke park privileges to any member who fails to follow park rules and etiquette or where it has been determined a member dog or dog owner is dangerous to others or is in violation of any applicable animal ordinances or regulations.*

# Acceptance of Risk & Release of Liability Waiver

• Initial each section, sign and date •

## Important Information

\_\_\_\_\_ Acceptance of the terms & conditions of this release and adherence to established Dog Park Rules & Regulations are conditions of membership and issuance of an access key fob, retention and renewal. Key Fobs are for use only by those listed on the application.

\_\_\_\_\_ You are solely responsible for supervising your dog and determining whether or not this is an appropriate activity to participate in. You must understand that you and others who accompany you are participating in this activity at your and their own risk (and risk of your dog). Dogs and members of varying degrees of skill, training and experience use this facility. You are solely responsible for determining if you and/or your dog are physically fit and/or adequately skilled to use this facility. It is always advisable, especially if you or your dog is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician or veterinarian before undertaking any dog training or exercise activity.

\_\_\_\_\_ When this Waiver & Release refers to “your dog,” “my dog”, or the “owner” of a dog, it includes you whether or not you are the legal owner of the dog, since you are the person responsible for the dog while using this facility.

## Warning of Risk

\_\_\_\_\_ Dog activities are intended to provide a fun and rewarding experience for a dog and its owner/handler. However, despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury, including death to the dog, its owner/handler or other persons or animals. Dogs are pack animals and when “off lead”, even the best-trained dogs will act instinctively. Understandably, not all hazards and dangers associated with dog activities can be foreseen. Certain inherent risks include the propensity of any dog to behave in dangerous ways that may result in injury to you, another person or dog. Other risks include, but are not limited to, the inexperience, negligence or irresponsibility of a dog owner/handler; the inability to predict a dog’s reaction to sound, movements, objects, persons, or other animals; and actions by the dog due to fright, anger, stress, insect bites, or natural reactions such as jumping, pulling, resisting and biting. Other risks include the hazards associated with environmental and traffic conditions, acts of God, inclement weather, slip and falls, premises defects, equipment failure in instruction/supervision, and all other circumstances inherent to dog and/or outdoor activities.

\_\_\_\_\_ Should you attempt to break up a dog fight or restrain a dog, including but not limited to your dog, you may be attacked and severely mauled by your dog the other dog or attacked by another dog’s owner/handler. In this regard, it must be recognized that it is impossible for the The Township of Doylestown to guarantee absolute safety.

## Assumption of Risk

\_\_\_\_\_ I hereby acknowledge that I have voluntarily applied to participate and use with my dog(s) the dog park (“Park”) owned and operated by the Township of Doylestown. I understand that the act of unleashing my dog(s) and being physically present within the Park necessarily involves a risk of injury to me, any persons that accompany me, other people using the Park, my dog(s), and other dogs. I understand that these risks are entirely my responsibility and I expressly assume that responsibility knowingly and voluntarily. I recognize and acknowledge that use of this facility 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 this facility and surrounding area; or (b) any other person or animal might sustain as a result of me or my dog’s actions or conduct in connection with or arising out of my presence in this facility and surrounding area or my participating in any and all activities connected with or associated with use of this facility and surrounding area.

\_\_\_\_\_ I further understand and assume the risk that all dogs in the Park may not have current vaccinations for bordetella, distemper, parvovirus, or rabies, all of which could result in injury to me, any individuals (including children) accompanying me, and my dog(s). I also understand that there are certain inherent risks, including the propensity of a dog to behave in a dangerous way. Additional risks include, but are not limited to: the inexperience or irresponsibility of a dog owner/handler; the inability to predict a dog’s reaction to sound, movement, objects, persons, or other animals; dog fights, dog bites, and injuries to humans and other dogs; dog theft or unlawful capture; dog escape over or under fences, plants in the area that may be poisonous to dogs or people; mosquitoes, ticks chiggers, fleas, or other insects that may be present; and wild animals, such as skunks, raccoons, opossums, or stray dogs that could be present in the Park, all of which might injure or infect my dog(s); slip and falls, premises defects, equipment failure in instruction/supervision, and other circumstances inherent to dog and/or outdoor activities. I knowingly and voluntarily accept responsibility for all these risks in exchange for the privilege of using the Dog Park.

# Acceptance of Risk & Release of Liability Waiver (cont.)

\_\_\_\_\_ I further understand that no agents or employees of the Township of Doylestown will supervise the Park at any time and I therefore expressly assume responsibility for all risks associated with the Park as well as any fixtures and equipment that may be located there in an unsupervised manner.

## Waiver and Release of all Claims and Indemnification Agreement

\_\_\_\_\_ I have carefully read this waiver and release and understand its contents. I have received/read the Doylestown Dog Park Application and Information Guide including the dog park rules and regulations, and agree by affixing my signature below to comply with those rules and regulations. I will also inform others that I may bring to the park (including children) of these rules and will ensure their compliance while using the park. My signature confirms that I am also not aware of any incidents in which my dog(s) has/have shown aggressive, fighting, or biting behavior towards people or other animals.

\_\_\_\_\_ I recognize and acknowledge that use of this facility 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 this facility and surrounding area; or (b) any other person or animal might sustain as a result of me or my dog's actions or conduct in connection with or arising out of my presence in this facility and surrounding area or my participating in any and all activities connected with or associated with use of this facility and surrounding area.

\_\_\_\_\_ In signing this Waiver and Release, I do hereby agree to waive, relinquish, release and forever discharge the Township of Doylestown, County of Bucks, the Borough of Doylestown, Friends of Doylestown Dog Park, and its officers, directors, employees, volunteers and 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 this use of this facility and surrounding area.

\_\_\_\_\_ I fully and forever release and discharge the Township of Doylestown, County of Bucks, Borough of Doylestown, Friends of Doylestown Dog Park, its elected and appointed officials, employees and volunteers, and others working on behalf of the Township from any and all negligent acts or omissions with regard to the Dog Park and intend to be legally bound by this Release.

\_\_\_\_\_ I further agree to indemnify and hold harmless and defend the Township of Doylestown, County of Bucks, the Borough of Doylestown, Friends of Doylestown Dog Park and its officers, directors, employees, volunteers and agents, and 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.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE IMPORTANT INFORMATION, WARNING OF RISK, ASSUMPTION OF RISK AND WAIVER AND RELEASE OF ALL CLAIMS. IF THIS FORM IS RECEIVED ON-LINE OR VIA FAX, YOUR ON-LINE OR FACSIMILE SIGNATURE SHALL SUBSTITUTE AND HAVE THE SAME LEGAL EFFECT AS AN ORIGINAL FORM SIGNATURE.

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

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature: \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_