

Cary Dog Park Registration & Renewal Form

Owner's Last Name _____ First Name _____

Male Female Date of Birth _____ (mm/dd/yyyy)

Are you a Cary Resident? Yes No New Renewal

Street Address _____

City _____ ST _____ Zip _____ Home Phone _____

Email Address _____ Work Phone _____

Emergency Contact & Phone _____

ACKNOWLEDGEMENT OF RISK AND RELEASE

To meet the expressed needs of Cary citizens, the Town of Cary (TOC) provides "dog park areas" in certain locations of its public parks. A dog park area is an area that is fenced in and where dog owners may bring their dogs and permit them to run freely with other dogs. To make use of the dog park areas, owners must complete an application for dog park privileges, present vaccination records and pay the appropriate fee. The TOC will seek to limit access to children who are 12 years old or younger. TOC makes no guarantee that all dogs or other animals present in the dog park area are vaccinated against rabies, nor can it guarantee that children younger than 12 will not gain admission, or that children who are admitted will behave appropriately. Further, TOC has no knowledge about the behavior or temperament of animals using the area.

In consideration of receiving dog park privileges for myself and the dog identified in this application, I hereby represent and warrant as follows: my dog(s) _____ / _____ has received a rabies vaccination, which is fully up to date. I recognize that unleashing my dog and being present in an area where there are other people, including children, and other unleashed dogs pose risks to myself and others and to my dog and the dogs and property of others. For instance, there is the risk of personal injury or property damage to myself or others from aggressive dogs, the unpredictable behavior of dogs and the lack of adequate training of my dog or other dogs. I further understand and accept that despite the efforts of Town of Cary to see that dog park users comply with vaccination requirements, there is a risk that not all dogs present in the dog park are vaccinated. Additional risks to myself and others include, but are not limited to, dog fights, dog bites, dog theft or unlawful capture, dog escape over and under fences, and dog access to vegetation or standing water that may be unhealthy or poisonous if consumed. Further, dogs may be exposed to burrs or seeds that may become lodged in the dogs coat, feet, eyes, nose or ears, and mosquitoes, ticks, chiggers, fleas or other insects and wildlife that might be found in a park such as snakes, raccoons, opossums, etc. I understand that use of the dog park is self-directed and not supervised by any agent or employee of Town of Cary. I assume all risks associated with using the dog park, including its fixtures and equipment, in an unsupervised and self-directed manner.

I HEREBY RELEASE TOC, ITS OFFICERS, EMPLOYEES AND AGENTS FROM ANY AND ALL RESPONSIBILITY OR LIABILITY FOR INJURIES OR DAMAGES TO MYSELF OR MY DOG DUE TO MY USE OF, OR PARTICIPATION IN ACTIVITIES AT, DOG PARK. I ALSO AGREE TO INDEMNIFY AND SAVE HARMLESS THE TOC, ITS OFFICERS, EMPLOYEES AND AGENTS FROM AND AGAINST ALL LOSS, COST, DAMAGES, EXPENSE AND LIABILITY INCLUDING DEATH, PERSONAL INJURY OR DISEASE AND DAMAGE TO REAL OR PERSONAL PROPERTY RESULTING FROM (1) MY NEGLIGENT ACTS; (2) THE ACTS OR BEHAVIOR OF MY DOG, AND (3) INJURY THAT MAY OCCUR TO ME OR MY DOG OR MY PROPERTY AS A RESULT OF THE ACTS, CONDUCT OR BEHAVIOR OF OTHER USERS OF THE PARK, INCLUDING OTHER DOGS.

By submitting this application and attached veterinarian records I represent and warrant that the records are the true and accurate records for the dog identified in this application, and that the information provided is accurate and truthful. I realize that providing false information or breaching any of the conditions or rules of use may result in revocation of dog park privileges.

I have carefully read this Assumption of Risk and Release and understand and accept its terms and conditions. I have also received a copy of the rules for dog parks usage and agree to abide by these rules. I realize non-compliance of dog park rules may result in revocation of dog park use privileges.

Owner Name (Print)

Owner Signature

Date

PLEASE TURN OVER TO COMPLETE FORM!

Pet Information (Vaccination Records Required)

Dog #1 Name _____ Breed: _____

Age _____ Male/Female Rabies: ____/____/____ (expiration date)

Dog #2 Name _____ Breed: _____

Age _____ Male/Female Rabies: ____/____/____ (expiration date)

Dog #3 Name _____ Breed: _____

Age _____ Male/Female Rabies: ____/____/____ (expiration date)

Membership Type:

Annual Pass – Valid 1 year from date of purchase (Circle One)

Single Dog: Resident \$40 Nonresident \$80

Multi Dog: Resident \$60 Nonresident \$120

Day Pass – Valid for date of purchase only (Circle One)

Resident: \$5 **Nonresident:** \$10

For office use only:

Fees:

Pass Fee \$ _____ **Date Purchased:** _____

Staff initials: _____ **Amount Due \$** _____

Purchased at: (check one) B PCC HYCC MCCC