**CITY OF EDEN**

**FREEDOM PARK DOG PARK APPLICATION**

**AND**

**ACCEPTANCE OF RISK AND RELEASE OF LIABILITY**

Name of Owner(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Phone (daytime): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (evening): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Acceptance of terms and conditions. Acceptance of risk and release of liability.**

I (We) hereby acknowledge that I (we) have voluntarily applied to participate and use, with my (our) dog(s), the area designated at Freedom Park Dog Park operated by the City of Eden. I (We) understand that unleashing my (our) dog(s) and being physically present at the Freedom Park Dog Park involves risk of injury to me (us), any individual accompanying me (us), other people, my (our) dog(s) and other dog(s), including but not limited to, risks resulting from aggressive dog(s), unpredictable behavior, and lack of training. I (We) further understand that despite the efforts of the City of Eden to ensure owners have complied, there is a risk that not all dogs present in the dog park have completed the City of Eden’s registration process and may not be vaccinated for rabies. Additional risks include, but are not limited to: dog fights; dog bites; theft or unlawful capture; escape over and under fences; vegetation or standing water that may be unhealthy or poisonous if consumed; burrs or seeds that may become lodged in the dog’s (dogs’) coat, feet, eyes, nose, or ears; mosquitoes; ticks; chiggers; fleas and other insects; and wildlife typically found in a park such as snakes, raccoons, opossums, etc. It is my (our) understanding that use of the Freedom Park Dog Park is self-directed and not directly supervised by an agent or employee of the City of Eden. I (We) assume all risks associated with using the Freedom Park Dog Park, including fixtures and equipment, in an unsupervised and self-directed manner.

By signing this Release, I (we) agree to indemnify and save harmless the City of Eden, its agents, officers, and employees and assigns from and against all loss, cost, damages, expense, and liability resulting from my (our) use of the Freedom Park Dog Park, including death, sickness, injury, and disease to any person(s) our dog(s), or destruction to property, real or personal, arising directly from my (our) use of the Freedom Park Dog Park.

By submitting this application and required vaccination (rabies) number, I (we) hereby acknowledge that the information provided is accurate and truthful to the best of my knowledge. I (We) realize that falsification of information may result in revocation of Freedom Park Dog Park use privileges. I (We) realize use of the Freedom Park Dog Park may be revoked for noncompliance of its rules, regulations, and conditions.

**I (We) have carefully read this Release of Liability and understand, agree with**

**and accept its terms and conditions**.

Signature(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dog(s) Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dog(s) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rabies Vaccination #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dog(s) Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dog(s) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rabies Vaccination #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_