



CRUSE DOG PARK

ANNUAL RENEWAL FORM



1923 N. Weller, Springfield, MO 65803 (417) 864-1049

Your annual membership for Cruse Dog Park is due for renewal. Please complete the information below, initial where indicated, sign and return this form with payment to Springfield-Greene County Park Board, c/o Cruse Dog Park, 1923 N. Weller, Springfield, MO 65803. Annual Fee: \$25 per dog. Please note, your fob will be deactivated on the renewal date unless payment is received prior to that date.

DATE: _____

FOB NUMBER: _____

OWNER'S NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

HOME PHONE: _____

CELL PHONE: _____

E-MAIL ADDRESS: _____

DOG #1

NAME OF DOG: _____

BREED OF DOG: _____

PARK BOARD PASS TAG #: _____

DOG #2

NAME OF DOG: _____

BREED OF DOG: _____

PARK BOARD PASS TAG #: _____

ACCEPTANCE OF RESPONSIBILITY AND RISK, RELEASE AND WAIVER OF LIABILITY AND AGREEMENT TO INDEMNIFY

I hereby acknowledge that I have voluntarily applied for permission to use, with my dogs, the Cruse Dog Park operated by the City of Springfield, Missouri, by and through the Springfield-Greene County Park Board ("Park Board" hereafter), and submitted the required proof of Rabies, Parvo, Distemper and Bordetella Vaccinations. I hereby understand and acknowledge that permission to use the dog park is a privilege and not a right. All information provided in this application is accurate and truthful to the best of my knowledge. I understand that falsification of information may result in revocation of dog park privileges. _____ (initial)

It is my understanding that the Cruse Dog Park is an unsupervised facility, which means that there will be no agent or employee of the Park Board, the City, Greene County or the Cruse Dog Park Committee ("Committee" hereafter) supervising the Cruse Dog Park at any time. I further understand that neither the Park Board nor the City of Springfield nor Greene County nor the Committee assumes any liability or loss for damage of any kind or injury sustained by any human or dog while using the Cruse Dog Park. I therefore expressly agree and assume all risks associated with using the Cruse Dog Park, as well as fixtures and equipment located therein, in an unsupervised manner. _____ (initial)

I hereby acknowledge that I voluntarily applied to participate and use, with my dog(s), the Cruse Dog Park and that this is a privilege and not a right. I understand that the act of unleashing my dog(s) and being physically present inside the Cruse Dog Park necessarily involves risks of injury to me, other people, my dog(s), other dogs, and property, which risks are entirely my responsibility. Risks include, but are not limited to: exposure to aggressive, vicious or dangerous dogs, unpredictable behavior, lack of training, dog fights, dog bites, injuries to humans and/or other dogs; dog theft or unlawful capture; dog escape over, under or through fences; plants and/or water sources in the park that may be harmful or poisonous to dogs; park vegetation may have burrs or seeds that could become tangled in a dog's coat or lodge in a dog's feet, ears, nose or eyes; mosquitoes, ticks, chiggers, fleas or other insects may be present; wild animals such as skunks, raccoons, opossums or stray dogs could be present in the park, all of which might injure or infect me and/or my dog(s) or others that are with me. I expressly agree and assume any and all risks, known or unknown. I further understand that dogs, irrespective of their training and usual past behaviors or characteristics, may act or react unpredictably at times based upon instinct or circumstances, and I agree to assume the risk of injury to me, to any individual accompanying me, or to any of my property, or to my dog(s). _____ (initial)

I understand and assume that despite the efforts of the Park Board, the City of Springfield, Greene County and the Committee to ensure that owners have complied, there is risk that not all dogs present in the dog park are vaccinated as required, and that this could result in harm to me, my dog(s), other humans and/or other dogs. I understand and expressly assume any and all additional risks, known and unknown. _____ (initial)

I understand that if my dog bites or scratches a human, Animal Control will impound my dog for 10 days and I will be responsible for all costs associated with impounding. _____ (initial)

I further understand and agree that any violation of the Cruse Dog Park rules & regulations is grounds for immediate termination of my privileges and usage of said Park by me and/or my dog(s). _____ (initial)

By signing this document and using the Cruse Dog Park, I hereby fully and forever release, discharge and agree to indemnify and hold harmless the Park Board, the City of Springfield, Greene County, the Committee, and all of their officers, employees, agents and assigns from and against any and all liability, claims, demands, damages, loss, cost, expense, rights of actions or causes of action present or future, whether the same be known or unknown, anticipated or unanticipated, direct or indirect, resulting from or arising out of my or my dog's use or intended use, of the Cruse Dog Park premises. I fully and forever release and discharge the Park Board, the City of Springfield, Greene County, the Committee, and all of their employees and agents, from any and all negligent acts and omission in the same. I intend and agree to be legally bound by this Acceptance of Responsibility and Risk, Release and Waiver of Liability and Agreement to Indemnify. _____ (initial)

*I have carefully read this **Acceptance of Responsibility and Risk, Release and Waiver of Liability and Agreement to Indemnify** and understand and fully agree with its contents and accept its terms and conditions. I have also read copy a of the Cruse Dog Park Rules & Regulations that outline rules, restrictions, regulations and policies for use, and I agree to fully comply with same. I will not sign this document if I do not understand it or if I do not agree to its terms. _____ Initial*

Signature: _____

Date: _____

For Internal Use Only:
Date _____ Check Number _____ Receipt Number _____
Alternate Form of Payment: _____