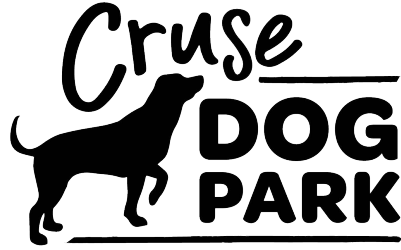


CRUSE DOG PARK USER APPLICATION AND AGREEMENT

ANNUAL REGISTRATION FEE: \$35 PER DOG.

REPLACEMENT FOB: \$10

DAILY PASS: \$10 PER DOG. DEPOSIT FOR FOB: \$10



FOB #:	_____
Pass Tag #:	_____
Annual/Daily	_____
Time Out:	_____
Time In:	_____
Location	_____
Name	_____
Date	_____

APPLICATION REQUIREMENTS:

Anyone wishing to use the off-leash park must complete the application form and provide a copy of their current Certificate of Vaccination for Rabies and pet medical records from a licensed veterinarian documenting current vaccinations for Parvo, Distemper and Bordetella. A current rabies tag must be visible on your dog(s) at all times; and Each applicant shall read the "Rules & Regulations" and sign the "Release of Liability"; and

Annual applications and fobs may be obtained from the Springfield-Greene County Park Board office located at 1923 N. Weller, Springfield, MO. Monday-Friday (with the exception of legal municipal holidays) from 8 a.m.-5 p.m.

Applications for weekend/daily use may be obtained from Chesterfield Family Center located at 2511 W. Republic Road, Springfield, MO. Saturdays 7 a.m.-8 p.m. and Sundays 10 a.m.-6 p.m.

ACCESS FOB:

Each user will be issued an access fob. This keyless entry will allow you to gain entry to the off-leash area of Cruse Dog Park during the scheduled hours of operation. This fob will allow unlimited usage of the off-leash area from dawn till dusk, seven (7) days a week, weather & conditions permitting. **PLEASE NOTE THAT FOB'S ARE NON-TRANSFERABLE BETWEEN DOG OWNERS.**

Daily fobs are valid for one (1) day. Annual fobs will be valid for as long as the dog's required vaccinations remain current or for twelve (12) months, whichever come first. Annual fobs must be renewed prior to the end of the 12th month.

Failure to abide by the Rules & Regulations set forth by the Springfield-Greene County Park Board, or its designee, for the Cruse Dog Park may result in immediate cancellation of your access and all privileges to the Cruse Dog Park.

Please complete the following information: (please print legibly)

DATE OF APPLICATION _____
 NAME OF OWNER _____
 MAILING ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 HOME PHONE (____) _____
 CELL PHONE (____) _____
 E-MAIL ADDRESS _____

NAME OF DOG	_____
BREED OF DOG	_____ WEIGHT _____ LBS
COLOR(S):	_____ SEX: _____
SPAYED/NEUTERED:	_____ AGE: _____
RABIES #:	_____ EXP. DATE: ____/____/____
PARVO EXP. DATE	____/____/____
DISTEMPER EXP. DATE	____/____/____
BORDETELLA EXP. DATE	____/____/____

NAME OF DOG	_____
BREED OF DOG	_____ WEIGHT _____ LBS
COLOR(S):	_____ SEX: _____
SPAYED/NEUTERED:	_____ AGE: _____
RABIES #:	_____ EXP. DATE: ____/____/____
PARVO EXP. DATE	____/____/____
DISTEMPER EXP. DATE	____/____/____
BORDETELLA EXP. DATE	____/____/____

Signature of Applicant _____

FOR INTERNAL USE ONLY:

Method of Payment: Cash _____ Check _____ Check Number: _____
 Credit Card: Visa _____ MasterCard _____ Discover _____
 Receipt Number: _____

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 un-leashing 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 received a copy of the Cruse Dog Park Rules & Regulations that outline rules, restrictions, regulations and policies for use, and I agree to read the information before my first visit to Cruse Dog Park and 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: _____