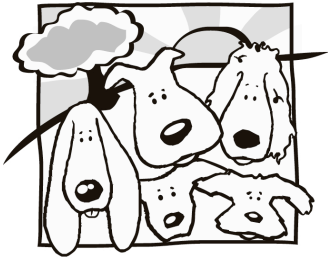


DOG PARK  
ASSOCIATION



OF GREATER LAFAYETTE

# Shamrock Dog Park Membership Application

\$60 for a one year membership for up to 3 dogs.

\$10 for each additional dog.

Submit full payment, signed hold harmless agreement, and updated rabies vaccination records for all dogs with this application.

## Name(s) of dog owner(s)

*Please print legibly*

Owner Name(s) \_\_\_\_\_ Street Address \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_\_ Primary Email \_\_\_\_\_

Phone #s \_\_\_\_\_ Email \_\_\_\_\_

Dog Name 1 \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_ Sex \_\_\_\_ (Spay/Neuter)

2 \_\_\_\_\_

3 \_\_\_\_\_

4 (+\$10) \_\_\_\_\_

5 (+\$10) \_\_\_\_\_

*Please be sure to include up to date Rabies Vaccination Records for **each** dog listed on application*

## Hold Harmless Agreement

I / We have read and understood this agreement and the rules of the Dog Park Association of Greater Lafayette. I / We understand that by making and signing this agreement, I / We surrender valuable rights, including but not limited to the right to sue. I / We do so freely and voluntarily.

**All Members must sign in order for membership to be processed.**

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

***Please note \* minor participants ( age 12 – 17 years )***