

# 2019 Blirstown Dog Park Annual Membership Application

Park Location: Sycamore Park Lambert Road, Blirstown    Mailing address: Blirstown Dog Park, 106 Route 94, Blirstown, NJ 07825  
Hours: Open daily from dawn to dusk (weather permitting)

For the protection of humans and dogs alike, membership requires that dogs listed on this application are properly vaccinated with distemper (DHHP) and rabies shots. Please verify that your dog(s) are vaccinated by checking the boxes below and attach a copy of vaccine certificate. Please follow ALL POSTED RULES. Enjoy unlimited use of the park!

- I verify that each dog listed is current on distemper (DHPP) shots
- I verify that each dog is up to date on their rabies shot
- New Member    OR     Previous Member

*I certify the above requirements have been met for all dogs listed on this application by my signature below.*

**\*You will receive a special tag to be attached to your dog's collar indicating your dog has met all requirements listed above. This tag must be able to be seen to others in order to use the dog park. Lost tag will be reissued for a fee of \$10.00. These requirements are for the protection of you, your family and your dog(s). Failure to follow all posted rules and regulations may result in the revocation of your dog park pass.\***

Name of Dog Owner \_\_\_\_\_ Application Date \_\_\_\_\_  
(PLEASE PRINT)

Signature of Dog Owner \_\_\_\_\_

Address \_\_\_\_\_

Email address \_\_\_\_\_ Best Phone # to reach you: \_\_\_\_\_

**—————> COMPLETE APPLICATION MUST INCLUDE SIGNED RELEASE OF LIABILITY FORM <—————**

Dog 1 Name _____	Age _____	Sex M _____ F _____
Breed _____	Color _____	Weight _____
<input type="checkbox"/> Altered (spayed/neutered) <input type="checkbox"/> Unaltered	Dog License Number _____	
Dog 2 Name _____	Age _____	Sex M _____ F _____
Breed _____	Color _____	Weight _____
<input type="checkbox"/> Altered (spayed/neutered) <input type="checkbox"/> Unaltered	Dog License Number _____	
Dog 3 Name _____	Age _____	Sex M _____ F _____
Breed _____	Color _____	Weight _____
<input type="checkbox"/> Altered (spayed/neutered) <input type="checkbox"/> Unaltered	Dog License Number _____	

**FEE:    \*\*Blirstown Resident and Non- Residents: \$20.00 First dog\*\*    (Fee allows use of park for 2019)  
All Additional Dogs (resident or not): \$10.00  
*Register by January 31, 2019 and receive a \$5.00 discount PER DOG!***

Amount Enclosed: \_\_\_\_\_ Please make check payable to: Blirstown Dog Park

<b>Office Use Only</b>			
Tag#	Vaccination Date	Revaccination Date	
Tag#	Vaccination Date	Revaccination Date	
Tag#	Vaccination Date	Revaccination Date	
<input type="checkbox"/> Vaccine Cert <input type="checkbox"/> Signed Release of Liability <input type="checkbox"/> Payment			
Check Number	Amount Paid	Date Paid	Issued by

For additional dogs, please supply information on a separate sheet of paper

## RELEASE OF LIABILITY – BLAIRSTOWN DOG PARK

ACCEPTANCE OF THE TERMS AND CONDITIONS OF THE RELEASE AND ADHERENCE TO THE BLAIRSTOWN DOG PARK RULES ARE REQUIREMENTS OF PERMIT APPROVAL, RETENTION AND RENEWAL. PERMITS MAY BE REVOKED FOR NON-COMPLIANCE.

I hereby acknowledge that I voluntarily have applied to participate and use, with my dog(s), the Blairstown Dog Park (BDP).

I understand that the act of unleashing my dog(s) and being physically present within the BDP necessarily involves risks of injury to me, any individual (including children), my dog(s), other dogs, including, but not limited to risks resulting from aggressive or dangerous dogs, unpredictable behavior, lack of training and lack of vaccination. I understand that the aforementioned risks are entirely my responsibility and I expressly assume all of these risks.

I further understand and assume the risk that not all dogs present in the BDP have been fully vaccinated (including distemper or parvo) all of which could result in injury to me, any individual (including children), and my dog(s). Additional risks include, but are not limited to: dog fights, dog bites and injuries to humans and other dogs, dog theft or unlawful capture, dog escape over or under fences, plants and/or water sources in the park may be 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 ; park fixtures, toys or equipment; wild animals such as skunks, raccoons, opossums, other wildlife, or stray dogs could be present in the park, all of which might injure or infect you, other humans or your dog(s). I understand and expressly assume all additional risks.

By signing this release of liability and using the BDP, I hereby fully and forever release and discharge Blairstown Township, Blairstown Parks and Recreation Department, and volunteers and members of the BDP from any claims, demands, damages, rights of action or causes of action present and future, whether the same by known or unknown, anticipated or unanticipated, resulting from or arising out of my use or intended use of said off-leash area premises. I hereby fully and forever release and discharge Blairstown Township, Blairstown Parks and Recreation Department, and volunteers and members of the BDP from any and all negligent acts and omissions in the same, and intend to be legally bound by this release. I hereby assume sole responsibility for and agree to indemnify and save harmless Blairstown Township, Blairstown Parks and Recreation Department, and volunteers and members of the BDP for any damage because of bodily injury, death or damage or loss to property, including legal and expert witness fees, caused by the negligence of the aforementioned parties, employees, agents, or volunteers of Blairstown Township and/or BDP or any other person using the facility or animals therein.

I have carefully read this release of liability and understand and fully agree with its contents. I have also received a copy of the Dog Park rules and regulations and I agree by my signature below to fully comply with these rules and to inform others that I bring into the facility, including children, of these rules and will ensure their compliance with the rules. My signature also confirms that I am not aware of instance in which the dog(s) I am requesting an annual permit for has shown aggressive, fighting or biting behavior towards other animals or people.

I hereby certify that I have either homeowners or renters insurance with liability coverage.

**Dog Owner:**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_