OCEAN CITY DOG PLAYGROUND REGISTRATION APPLICATION FORM

Card # Assigned		Pass Types: (please check all the Yearly Resident \$50			
	7 D:				
	e dropbox at Northside Park	for a \$5 refund			
Name of Owner:					
Permanent/Mailing Ad	ldress:				
City:		State:		Zip Code:	
Cell Phone #:	Emergency P	Emergency Phone #:			
E-mail:					
Ocean City Property A (property own					
Dog #1					
Name of Dog:	I	Breed:	Weight:	lbs.	
Color(s):	Sex:	Spayed/Neutered	l: Age:		
*Rabies certificate or	-		arian <u>must be provided.</u>	They can	
Dog #2 (If Applicabl	<u>e)</u>				
Name of Dog:	I	Breed:	Weight:	lbs.	
Colors(s):	Sex:	Spayed/Neutere	d: Age:	:	
*Rabies certificate or	_		arian <u>must be provided.</u>	They can	
FOR OFFICE USE ON FEE PAID: \$INITIALS:	,	// DATE://			

PLEASE SIGN AND INITIAL WAIVER ON BACK OF THIS FORM

ASSUMPTION OF RISK, RELEASE OF LIABILITY & INDEMNITY AGREEMENT

PLEASE INITIAL, SIGN, AND DATE BELOW

Acceptance of the terms and conditions of this Assumption of Risk, Release of Liability and Indemnity Agreement (hereinafter "Agreement") and adherence to the established Town of Ocean City Dog Playground Rules (hereinafter "Rules") are conditions of the 'Pass' approval, retention, and renewal. Passes may be revoked for <u>non-compliance</u>.

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I do hereby acknowledge and accept that I have voluntarily app Ocean City Dog Playground (hereinafter "Dog Playground") located at Li understand and acknowledge that unleashing my dog(s) and being physical injury to me, any individual accompanying me, other persons, my dog(s) are sulting from aggressive dogs, unpredictable behavior and lack of proper that not all dogs present in the Dog Playground are licensed and vaccinate or illness to a person or a dog. Additional risks include, but are not limited escape over and under the fences; vegetation; standing or pond water that or seeds that may become lodged in the dog's coat, feet, eyes, nose, or ear other insects; and wildlife typically found in a park such as foxes; raccoord and other animals. It is my understanding that usage of the Dog Playground agent or employee of the Town of Ocean City. Additionally, I accept and using the Dog Playground during a public health emergency. I fully assum Dog Playground by myself and my dog(s), including the use of fixtures are	attle Salisbury Park in Ocean City, Maryland. I fully ally present at the Dog Playground involves risk or and other dog(s), including but not limited to, risks training. I further understand and assume the risk of for rabies as required, which could result in injury to: dog fights; dog bites; theft or unlawful capture; may be unhealthy or poisonous if consumed; burrs as; mosquitoes; spiders; ticks; chiggers; fleas and as; opossums; muskrats; snakes; field mice; turtles and is self-directed and will not be supervised by an acknowledge the risk to myself and my dog(s), of the any and all risks associated with the usage of the
By signing this Agreement, I, my agents, successors, personal refereby agree to indemnify, hold harmless and defend (through legal counsits officials, agents, officers, representatives and employees from and agaicauses of action of any kind (at law or at equity), including negligence, los expenses and liability resulting from my use and my dog's use of the Dog disease to any person or dog, or destruction to property, real or personal, a	sel selected by the Town) the Town of Ocean City, inst all liabilities, claims, suits, demands, judgments sses, costs (including attorneys' fees), damages, Playground, including death, sickness, injury, and
I accept and acknowledge personal responsibility and liability f wrongful or aggressive behavior of my dog(s), whether the loss occurs as charging, or any other behavior.	
I, and my agents, successors, personal representatives, assigns, discharge and covenant not to sue the Town of Ocean City, its officials, agany and all claims including negligence of the Town of Ocean City, its off employees resulting in injury, accidents, illness or death and property loss and my dog(s).	gents, officers, representatives, and employees, fron ficials, agents, officers, representatives, and
I agree that this Agreement is intended to be as broad and inclu Maryland, and that if any portion of it is held invalid, it is agreed that the	
I do hereby acknowledge that I have carefully read this Ass Indemnity Agreement, and fully understand, agree with, and accept in certify that I am over the age of 18 years, sober and of sound mind an Assumption of Risk, Release of Liability and Indemnity Agreement. F reviewed a copy of the Dog Playground Rules and agree to abide by the	ts terms and conditions as outlined. I do hereby d I willingly and voluntarily sign this Further, I acknowledge that I have received and
Print Name:	
Signature:	Date:/