Annual memberships are valid for one calendar year.

Please Print			
Name of Owner:		Name of Dog:	
Address:		Breed(s):	
City:	State:	Sex:	Age:
Zip Code:		Color:	
Phone: ( )		Dog Registration #:	
Email:			
**Access code updates will be distributed exclusively via email.			

Requirements:

☐ Copy of current County Dog Registration

☐ Proof of Rabies vaccine

☐ Recent photograph of dog

Please complete a separate application for each dog.

Assumption of Risk and Release of Liability: Acceptance of the terms and conditions of this release and adherence to Off-Leash Rules are conditions of the dog park membership approval, retention, and renewal. Dog park memberships may be revoked for noncompliance.

I hereby acknowledge that I voluntarily have applied to participate and use, with my dog(s), the Dog Park designated by the City of Collinsville. I understand that the acts of unleashing my dog(s) or being physically present inside the Dog Park necessarily involves risks of injury to me, other people, my dog(s), and other dogs, including by not limited to, risks resulting from aggressive or dangerous dogs, unpredictable behavior, lack of training, and lack of vaccination. I expressly assume these risks and responsibility for the actions of my dog and myself. I understand that neither the City of Collinsville, nor an agent or employee of the City of Collinsville is liable for any loss, damage, or injury of any kind sustained by any human or dog while using the Dog Park. I therefore expressly assume all risks associated with using the Dog Park, as well as any fixtures or equipment located therein.

By signing this release of liability and using the Dog Park, I hereby fully and forever release and discharge the City of Collinsville, their employees and agents from any and all claims, demands, damages, or causes of action present or future, whether the same be known or unknown, anticipated, or unanticipated, resulting from or arising out of my intended use of said Dog Park premises, facilities, or equipment.

I have carefully read this release of liability and understand, agree with, and accept its terms and conditions. I also have received a copy of the rules for use of the Dog Park and agree to abide by these rules.

Please complete this application, and return it with the appropriate materials to:
City of Collinsville
Community Development Department
125 S Center St.
Collinsville, IL 62234
(618) 346-5200 or email application to aboeving@collinsvilleil.org

_____   _____
Signature   **Date**

For Office Use Only

Date of Application:	Membership #: