



Shamrock Dog Park Membership Application

Please indicate payment, **signed** hold harmless agreement, and up-to-date rabies vaccination records for ALL dogs with this application.

\$65 for a one-year membership (up to 3 dogs)

\$80 for a one-year membership – with an additional key fob

Mail to: Shamrock Dog Park; PO Box 4671, Lafayette, IN 47903

	DATE: _____
MEMBERSHIP TYPE <input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL	PAYMENT <input type="checkbox"/> Payment Included w/Application Total Paid \$ _____ <input type="checkbox"/> Payment submitted through PayPal

CARETAKER NAMES*

*Include names of any person that may bring your dogs to the Park.

1.	PHONE: _____	
2.	Street Address: _____	
3.	City: _____	
4.	State: _____	Zip: _____
5.	E-MAIL: _____	

	Dog Name	Breed	Color	Sex	Spay / Neuter
1					
2					
3					

NOTE: *Please be sure to include up-to-date Rabies Vaccination Records for **each** dog listed on application. An Annual Membership is good for up to 3 dogs.*

HOLD HARMLESS AGREEMENT

I (We) have read and understand 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 caretakers listed on the application and any additional persons expected to enter the Dog Park MUST sign below in order for the Membership application to be processed.

*Please note with an * minor participants (age 12 to 17 years old).*

Signature

Printed Name
