



## 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.

\$60 for a one-year membership (up to 3 dogs)

\$70 for a one-year membership – with an additional key fob

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

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

**CARETAKER NAMES\***

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

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

	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**

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