



4 PAWS DOG PARK REGISTRATION FORM



ROSELLE PARK DISTRICT

THIS FORM MUST BE SUBMITTED IN PERSON TO THE CLAUSSE
RECREATION CENTER, 555 W. BRYN MAWR, ROSELLE, IL 60172
ALONG WITH WRITTEN DOCUMENTATION OF THE FOLLOWING
VACCINATIONS FROM YOUR VET: **RABIES, DISTEMPER, KENNEL
COUGH/BORDETELLA, & PARVOVIRUS**

Owner's Name _____ Email _____

Address _____ City/State/Zip _____

Cell Phone _____ Home Phone _____ Birthdate _____

DOG NAME(S)	FOR OFFICE USE: PLEASE CHECK OFF IF DOCUMENTATION RECEIVED:			
	RABIES	DISTEMPER	BORDETELLA	PARVOVIRUS
Dog #1				
Dog #2				
Dog #3				

Please read this form carefully and be aware that in registering yourself or your minor child/ward for participation in the above program(s), you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of the above program/programs (including transportation services and vehicle operations, when provided). "I recognize and acknowledge that there are certain risks of physical injury to participants in the above program(s) and I agree to assume the full risk of any such injuries, damages or loss regardless of severity which I or my child/ward may have against the Park District and its officers, agents, servants and employees as a result of participating in any of the above program(s). I waive and relinquish all claims I or my children may have against the Park District and its officers, agents, servants and employees as a result of participating in any of the above programs. I hereby fully release and discharge the Park District and its officers, agents, servants and employees from any and all claims from injuries, damage or loss which I or my child/ward may have or which may accrue to me or my child/ward on account of my participation of the participation of my child/ward in any of the above program(s). I further agree to indemnify and hold harmless and defend the Park District and its officers, agents, servants and employees from any and all claims resulting from injuries, damages and losses sustained by me or by my child/ward, and arising out, connected with, or in any way associated with the activities of any of the program(s). I understand that unless specifically stated in writing at the time of registration, photographs of participants may be taken and used for promotional purposes. By completing this registration form, you have acknowledged that you have received and read a copy of the Odlum Dog Park Rules & Regulations.

SIGNATURE _____

Date: _____

I would like to charge my registration to ☐ VISA ☐ MASTERCARD ☐ DISCOVER

Cardholder's name (print) _____

Card number _____ Expiration date _____

Amount of charge \$_____ Authorized signature _____

FOR OFFICE USE ONLY:

Processed by _____ Date _____

Receipt # _____

Pass Expiration Date: _____