

TO REGISTER YOUR DOG/S: 1. FILL OUT PERMIT FORM, 2. READ AND SIGN RELEASE, 3. BRING COPY OF VET/SHOT RECORD, 4. PLEASE HAVE CORRECT AMOUNT OF PAYMENT, CREDIT/DEBIT CARD OR CASH

New permit: _____
Renewal: _____

Address: 820 Kiroli Road, West Monroe, LA 71291
318.396.4016

kirolipark@westmonroe.la.gov



DOG PARK ANNUAL PERMIT

PRINT CLEARLY (All permits expire December 31) Permit fee is per dog registered.

Annual Permit-\$10 _____ Kiroli Park Annual Pass Holders - \$5.00 _____ Comp _____

Owner's Name _____

Mailing address _____ City/St _____ Zip _____

Home Phone _____ Cell: _____ E-mail _____

Car: Make & Year: _____ State & License Plate # _____

Current rabies/shot verification _____ My dog/s are wearing current rabies/license tags. (required)

1st Dog's Name _____ Breed _____

Age _____ Sex _____ WT _____

Color _____ Markings _____ MIX (type) _____

2nd Dog's Name _____ Breed _____

Age _____ Sex _____ WT _____

Color _____ Markings _____ MIX (type) _____

3rd Dog's Name _____ Breed _____

Age _____ Sex _____ WT _____

Color _____ Markings _____ MIX (type) _____

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RELEASE AND WAIVER OF LIABILITY AND ASSUMPTION OF RISK

As a condition of use, I understand that the use of this park and recreational facilities means that I am taking and assuming certain risks of damage or injury to myself, my guest(s), my property, my dog (s) and to others in the park and associated facilities. I realize that when dogs are around people and other dogs, some accident or injury may result, and that people, dogs and property might be injured or damaged.

I hereby agree to assume these risks, for myself, my guests, my property, and my dog(s). I agree that it is solely my responsibility to determine whether the dog park property itself and any particular situation involving other members, guests and dogs is safe for myself, my guest(s), my property, and my dog(s).

In exchange for the opportunity to use this park and its facilities, according to the Rules and Regulations, I hereby release and discharge the City of West Monroe from any and all liability, claims, demands, causes of action, loss, damage or injury to person or property, including any death, serious or other damage or injury which may result while I or my guest(s), my property, or my dog(s) are on the dog park premises.

I will hold harmless and indemnify City of West Monroe from any and all liability, claims, demands, causes of action, loss, damage or injury to person or property, including any death and serious or other damage or injury which may be caused by myself, my guest(s), my property or my dog(s) while on the dog park premises.

I am 18 years old or older and have the legal capacity to enter into a binding agreement. I intend for this release to be binding upon my heirs, successors, beneficiaries, next of kin, personal representatives or executors, and assigns.

I have received a copy of, read and understand the Rules and Regulations of The Raising Cane's Dog Park at Kiroli and agree to abide by said Rules and Regulations.

Signature of Permit Holder

Date

Kiroli Park Employee/Witness

Date