



CITY OF ORONO

Street Address: 2750 Kelley Parkway Orono, MN 55356 | Mailing Address: P.O. Box 66 Crystal Bay, MN 55323 | Telephone (952) 249-4600 Fax (952) 249-4616 www.ci.orono.mn.us

Pass # _____
 Date Issued: _____
 By: _____

Annual Off Leash Park Pass Application

Owner Name: _____
 Last First Middle Initial
 Address: _____
 City: _____ State: _____ Zip code: _____
 Email: _____ Phone: _____

1 st Dog's Name: _____ Breed: _____ Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> Rabies Vaccine Current <input type="checkbox"/>	2 nd Dog's Name: _____ Breed: _____ Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> Rabies Vaccine Current <input type="checkbox"/>	3 rd Dog's Name: _____ Breed: _____ Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> Rabies Vaccine Current <input type="checkbox"/>
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Pass Fee: Orono Resident (**Must live within city limits**) = \$25.00 Non-Resident = \$40

Assumption of Risk and Liability
 Acceptance of the terms and conditions of this release and adherence to Off-Leash Area Rules are conditions of permit approval, retention and renewal. Permits may be revoked for noncompliance
 I hereby acknowledge that I voluntarily have applied to participate and use, with my dog(s), the Off-Leash Park (OLP) designated by the city of Orono (City). I understand that the acts of unleashing my dog(s) or being physically present inside an OLP necessarily involves risks of injury to me, other people, my dog(s) and other dogs, including but not limited to, risks resulting from aggressive or dangerous dogs, unpredictable behavior, lack of training, and lack of vaccination. I also assume responsibility of picking up my dogs waste and properly disposing. I expressly assume these risks and responsibility for the actions of my dog and myself. I understand that no agent or employee of the City will supervise the OLP at any time. I further understand and agree that the City is not liable for any loss, damage, or injury of any kind sustained by any human or dog while using an OLP. I therefore expressly assume all risks associated with using an OLP, as well as any fixtures or equipment located therein. I understand there will be a \$5.00 fee for a lost or replacement pass.
 By signing this release of liability and using an OLP, I hereby fully and forever release and discharge the City, its 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 OLP premises, facilities, or equipment.
 I understand that as a prerequisite to purchasing an OLP permit, I am required to have my dogs vaccinated for Rabies.
 I have carefully read this release of liability and understand, agree with and accept its terms and conditions. I also have reviewed a copy of the rules for use of the OLP and agree to abide by these rules.

Signature: _____ Date: _____