



2010 OFF-LEASH PERMIT APPLICATION

APPLICANT INFORMATION

Owner
Name: _____
Last First Middle initial

Address: _____ Apt/Unit/Suite

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

Daytime Phone: _____ Business Phone: _____ Cell: _____
First Second

Dog's Name: _____ Dog's Name: _____
First Second

Breed(s): _____ Sex: _____ Breed(s): _____ Sex: _____
First Second

Minneapolis Pet License Number: _____ Minneapolis Pet License Number: _____

PERMIT INFORMATION

Are you a resident of the City of Minneapolis?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	First Dog	Resident \$35 <input type="checkbox"/>	Non-Resident \$60 <input type="checkbox"/>
			Second Dog	\$25 <input type="checkbox"/>	\$35 <input type="checkbox"/>

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), Off-Leash Recreation Areas (OLRAs) designated by the city of Minneapolis (City) and the Minneapolis Park & Recreation Board (MPRB). I understand that the acts of unleashing my dog(s) or being physically present inside an OLRA 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 expressly assume these risks and responsibility for the actions of my dog and myself. I understand that no agent or employee of the City or the MPRB will supervise the OLRAs at any time. I further understand and agree that neither the City nor the MPRB is liable for any loss, damage, or injury of any kind sustained by any human or dog while using an OLRA. I therefore expressly assume all risks associated with using an OLRA, as well as any fixtures or equipment located therein.

By signing this release of liability and using an OLRA, I hereby fully and forever release and discharge the City and the MPRB, their 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 OLRA premises, facilities, or equipment.

I understand that as a prerequisite to purchasing an OLRA permit, as a resident of the City, I am required to obtain a pet license from Minneapolis Animal Care & Control. As a non-resident, 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 OLRAs and agree to abide by these rules.

Signature _____ Date _____

PAYMENT

Credit Card (Please Circle) VISA MASTERCARD AMERICAN EXPRESS

Credit Card Number _____ Expiration Date _____

Cash Check Amount: _____