

Alimagnet Dog Park Membership Application \$25 per year/per family

Date of Application	□ New	☐ Returning
Name of Owner		
Address	-	
City	State	Zip
Email Address (required)		
Name of Dog(s)		
Color		
Breed	Sex	
Assumption of Risk and Release of Li	ability	
Acceptance of the terms and conditions of this release and adherence to Dog Park area retention, and renewal. Permits may be revoked for noncompliance.	rules are condition	s of permit approval,
I hereby acknowledge that I voluntarily have applied to participate and use, with my d by the City of Burnsville. I understand that the acts of unleashing my dog(s) or being ph Park necessarily involves risks of injury to me, other people, my dog(s), and other dog(s from aggressive or dangerous dog(s), unpredictable behavior, lack of training, and lact risks and responsibility for the actions of my dog and myself. I understand that no ages supervise the Alimagnet Dog Park at any time. I further understand and agree that the damage, or injury of any kind sustained by any human or dog while using the Alimagnet risks associated with using the Alimagnet Dog Park, as well as any fixtures or equipment	ysically present insic), including but not li c of vaccination. I ex nt or employee of th City of Burnsville is not pog Park. I theref	de the Alimagnet Dog mited to, risks resulting expressly assume these the City of Burnsville will not liable for any loss,
By signing this release of liability and using the Alimagnet Dog Park, I hereby fully and Burnsville, their employees and agents from any and all claims, demands, damages, or the same be known and unknown, anticipated, or unanticipated, resulting from or arising Dog Park premises, facilities, or equipment.	causes of action pre	sent or future, whether
Signature	 Date	

Return completed application and payment to:

City of Burnsville – Recreation Department Dog Park Application 100 Civic Center Parkway Burnsville, Minn. 55337

