



**WINDSOR CASTLE DOG PARK
ANNUAL REGISTRATION & WAIVER FORM**

ID # _____
EXPIRES: ____/____/____

OWNER(S) INFORMATION:

Last Name(s): _____ First Name(s): _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: (____) _____ Work / Cell Phone: (____) _____
E-mail Address (optional): _____

AUTHORIZED HANDLER'S INFORMATION:

Last Name: _____ First Name: _____
Home Phone: (____) _____ Work / Cell Phone: (____) _____
Last Name: _____ First Name: _____
Home Phone: (____) _____ Work / Cell Phone: (____) _____
Last Name: _____ First Name: _____
Home Phone: (____) _____ Work / Cell Phone: (____) _____
Last Name: _____ First Name: _____
Home Phone: (____) _____ Work / Cell Phone: (____) _____

As a registered owner or handler or legal guardian of any minor handler who is listed as an owner or authorized handler of the dog(s) listed on the reverse side hereof as a user of the Town of Smithfield/Windsor Castle Dog Park, I recognize and acknowledge that there exist certain inherent risks of physical injury and I agree to assume the full risk of any injuries, including death, damages or loss which I, the listed handlers and/or dog(s) may sustain while using the Dog Park.

Initial _____

I understand that by my use of the Windsor Castle Dog Park, staff may ask for my registration information and identification, and I hereby agree to provide that information upon request. Failure to provide registration and identification upon the request of the staff may result in my being asked to leave the Dog Park until such time as I can produce such documentation.

Initial _____

I do hereby fully release and discharge the Town of Smithfield and their respective employees and agents from any and all claims from injury, including death, damages or loss which I, or the listed dependents of mine under eighteen (18) years of age, may have or incur in the course of using the Dog Park.

Initial _____

I further agree to indemnify and hold harmless the Town of Smithfield, their respective employees and agents from and against any, and all, liability which may be suffered by myself or such listed persons as a result of, or in any way connected with their use of and/or presence within said Dog Park.

Initial _____

I understand that once signed, I agree that I have read the Rules and that this waiver agreement will expire December 31st of each calendar year, whereupon a new form will be required to be completed before further use of the Dog Park.

APPLICANT'S SIGNATURE (Must be Parent or Legal Guardian of listed Dependents) _____ /_____/_____
DATE

