

2012 Annual Dog Park Application



Big Rock Park District
7S405 Madison Street
Big Rock 60511
(630) 556-9599
www.bigrockparks.com



Owner's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: (____) _____ Cell Phone #: (____) _____

Email Address: _____

Name of First Dog: _____ Breed: _____

Rabies Tag Number: _____ 1 Year: ____ or 3 Year: ____

County: _____ State: _____

Name of Second Dog: _____ Breed: _____

Rabies Tag Number: _____ 1 Year: ____ or 3 Year: ____

Veterinarians Name: _____ Phone #: _____

Permit is Valid from April 1, 2012 through March 31, 2013

I recognize and acknowledge that there are certain risks of physical injury to participants in these programs, and I voluntarily agree to assume the full risk of any injuries, damages or loss, regardless of severity, that my minor child/ward may have (or accrue to me or my child/ward as a result of participating in these programs against the Big Rock Park District, including its officials, agents, volunteers, and employees.

I have read and fully understand the enclosed important information, warning of risk, assumption of risk and waiver and release of all claims.

Please Print Name

Signature

Date
