



Annual Dog Park Permit Application

Sugar Grove Park District

61 Main Street

Sugar Grove, IL 60554

Phone: 630.466-7436 Fax: 630.466-8675

www.sgparks.org



Owner's Name: _____

Address: _____ City: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____

Email Address: _____

First Dog Name: _____ Rabies Tag#: _____

Breed/Color: _____ 1 Year: _____ or 3 Year: _____

Second Dog Name: _____ Rabies Tag #: _____

Breed/Color: _____ 1 Year: _____ or 3 Year: _____

Veterinarian's Name: _____ Phone #: _____

All applications for Dog Park Permit must bring in proof that each animal is up-to-date on all vaccinations, including rabies, distemper, Proof of a positive Titer test is also acceptable

Is this application NEW or a RENEWAL

I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages or loss which I, my dog or my minor child may sustain as a result of participating in any and all activities connected with and associated with such programs. I agree to waive and relinquish all claims I, my dog or my minor child may have as a result of participating in the program against the Park District and its officers, agents, servants and employees. I do hereby fully release and discharge the Park District and its officers, agents, servants and employees from any and all claims from injuries, including death, damages or loss which I, my dog or my minor child may have or which may accrue to me, my dog or my minor child on account of participation.

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

**Fees April 1st thru March 31st
\$15.00 for 1st dog, \$10.00 for 2nd dog**

Office Use Only

Amount Paid: _____

Check #: _____

Permit is Valid from April 1st through March 31st.