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 of 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
$30.00 for 1st dog, $15.00 for 2nd dog

Office Use Only

Tag Number(s):_____ Issued By:_____

Amount Paid:_____ Date Issued: _____

Permit is Valid from April 1st through March 31st.
Tag(s), lock combination and Dog Park Rules will be mailed with your receipt.