



I have read and understand the Carroll County Recreation & Parks Dog Park Rules.

(initial) ____/____

Hold Harmless (please initial below)

____/____ I understand that Carroll County Recreation & Parks is entitled at their discretion to revoke membership if I do not comply with all rules and regulations for Carroll County Recreation & Parks Dog Parks.

____/____ I understand that my dog(s) must have his/her dog park tag as well as current rabies and county license tags on his/her collar at all times during use of Carroll County Recreation & Parks Dog Parks.

____/____ The dog park membership is good for one year beginning January 1 and ending December 31. I understand I must renew my membership yearly to continue using the Carroll County Recreation & Parks Dog Parks.

____/____ I understand that I cannot give the gate code to any person and in doing so will revoke my membership with no refund.

____/____ By signing this release of liability and using the Carroll County Recreation & Parks Dog Parks I hereby fully and forever release and discharge Carroll County Commissioners, its employees and volunteers from any and all claims, demands, damages, or causes of action present or future, whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of my use of the Carroll County Recreation & Parks Dog Parks. I have carefully read the release of liability and understand, agree with and accept its terms and conditions.

Owner Signature

____/____/_____
Date

PAYMENT OPTIONS

- Pay by mail, send completed form and required documents with payment by check to:

Carroll County Department of Recreation & Parks
300 South Center Street
Westminster, MD 21157
Attn: Dog Park Membership

Checks should be made payable to: **Carroll County Commissioners**

- Pay online at ccrec.recdesk.com
Fax required form and documents to 410-876-8284 or email to ccrec@carrollcountymd.gov
- Pay in person with cash, check, VISA, MasterCard, and/or a Discover credit card at the Recreation & Parks main office located at 300 South Center Street, Westminster, MD 21157; Monday-Friday, 8am-5pm.

OFFICE USE ONLY

ID Tag Dog #1		ID Tag Dog #2		\$30 x _____	\$
ID Tag Dog #3		ID Tag Dog #4		Additional Dogs: \$5 x _____	\$
<input type="checkbox"/> Copy of County License and Rabies attached for each dog					\$
Payment Date		RP #		Tag(s) Issue Date	