

# City Of Fairfax Off-Leash Dog Park ID# Application 2024

\$30 per dog for a yearly ID for Fairfax Residents  
 \$25 per each additional dog for Fairfax Residents  
 \$40 per dog for a yearly ID for Non-Fairfax Residents  
 \$35 per each additional dog for Non-Fairfax Residents  
**\$5.00 discount for spayed/neutered dog**

Per Occurrence -

\$5.00 for a replacement or second ID lanyard

\$5.00 per dog per day for single visits/events

ID#'s are valid from January 1<sup>st</sup> - December 31<sup>st</sup> in purchased year

Submit full payment, signed Indemnification Agreement, updated rabies, parvo  
and distemper documentation with this Application

**Owner's Name(s):** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Best Phone(s):** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Dog #1: Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Breed:** \_\_\_\_\_

**Sex:** M/F      **Spay/Neuter:** Y/N      **Color:** \_\_\_\_\_

**Dog #2: Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Breed:** \_\_\_\_\_

**Sex:** M/F      **Spay/Neuter:** Y/N      **Color:** \_\_\_\_\_

**Dog #3: Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Breed:** \_\_\_\_\_

**Sex:** M/F      **Spay/Neuter:** Y/N      **Color:** \_\_\_\_\_

**I have signed the attached Indemnification Agreement. Initials:** \_\_\_\_\_

### OFFICE USE ONLY

**DOG #1**

|      |                        |                                 |      |
|------|------------------------|---------------------------------|------|
| NAME | RABIES EXPIRATION DATE | PARVO/DISTEMPER EXPIRATION DATE | ID # |
|------|------------------------|---------------------------------|------|

**DOG #2**

|      |                        |                                 |      |
|------|------------------------|---------------------------------|------|
| NAME | RABIES EXPIRATION DATE | PARVO/DISTEMPER EXPIRATION DATE | ID # |
|------|------------------------|---------------------------------|------|

**DOG #3**

|      |                        |                                 |      |
|------|------------------------|---------------------------------|------|
| NAME | RABIES EXPIRATION DATE | PARVO/DISTEMPER EXPIRATION DATE | ID # |
|------|------------------------|---------------------------------|------|

### PAYMENT METHOD

TOTAL FEE PAID: \_\_\_\_\_

CHECK # \_\_\_\_\_ CASH \_\_\_\_\_ CREDIT CARD \_\_\_\_\_ SURCHARGE \_\_\_\_\_

City of Fairfax Off-Leash Dog Park  
Indemnification Agreement

By initialing next to the following you agree that you have read carefully and agree to each statement:

- I have received and read a copy of the rules for the City of Fairfax Off-Leash Dog Park, and agree to abide by them at all times.
- I acknowledge that I have voluntarily applied for an ID# for use at the Fairfax Off-Leash Dog Park with my dogs.
- I understand that the act of being physically present in the Fairfax Off-Leash Dog Park where many dogs (including both mine and others) involves risk of injury to me, to other people, to my dog, and other dogs.
- I am aware/understand the risks and hazards inherent upon entering and being present in the Fairfax Off-Leash Dog Park and voluntarily choose to enter the Park with my dogs.
- I understand that these risks are entirely my responsibility.
- I voluntarily assume all such risks, loss, damages, or injury that may be sustained by my presence and the presence of my dog(s) at the Park.

By signing this release of liability:

I hereby fully and forever release and discharge the City of Fairfax and their volunteers, employees, and agents from any claims, demands, damages, rights of action 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 or intended use of the Fairfax Off-Leash Dog Park.

I fully and forever release the discharge of the City of Fairfax their volunteers, employees, and agents, from any and all negligent act and omissions in the same.

I have carefully read this Indemnification Agreement and understand fully and agree with the terms.

Owner Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_