



BUCKS COUNTY DEPARTMENT OF PARKS & RECREATION OFF-LEASH DOG AREA

2013 REGISTRATION APPLICATION FORM & WAIVER

ANNUAL FEE- effective January 1 to December 31 (no prorating, no refunds)

Resident Pass is \$ 35/yr

Non-Resident Pass is \$ 50/yr

Name of Owner: _____

Local Address: _____

City: _____ County: _____ State: _____ Zip Code: _____ Cell # _____

Telephone #: _____ E-mail: _____

Dog #1

Name of Dog: _____ Breed: _____ Weight: _____ lbs.

Color(s): _____ Sex: _____ Spayed/Neutered: _____ Age: _____

Dog License #: _____ Exp. Date: ____/____/____

Rabies #: _____ Exp. Date: ____/____/____

County & State that the Dog License was issued from: _____

Is this dog aggressive towards humans or other dogs? ____ Yes ____ No

Has this dog ever exhibited aggression toward humans or other dogs? ____ Yes ____ No

Has this dog been involved in an incident reported to the Dept of Parks & Recreation? ____ Yes ____ No

_____ Small (< 28 lbs) Dog Gate _____ Large (>28 lbs.) Dog Gate

Dog #2 (if applicable)

Name of Dog: _____ Breed: _____ Weight: _____ lbs.

Color(s): _____ Sex: _____ Spayed/Neutered: _____ Age: _____

Dog License #: _____ Exp. Date: ____/____/____

Rabies #: _____ Exp. Date: ____/____/____

County & State that the Dog License was issued from: _____

Is this dog aggressive towards humans or other dogs? ____ Yes ____ No

Has this dog ever exhibited aggression toward humans or other dogs? ____ Yes ____ No

Has this dog been involved in an incident reported to the Dept of Parks & Recreation? ____ Yes ____ No

_____ Small (< 28 lbs) Dog Gate _____ Large (>28 lbs.) Dog Gate

Cash ____ Check ____ Visa/Master Card _____ Expiration Date: _____ Authorization #: _____

(FOR OFFICE USE ONLY)

ACCESS CARD #	DATE	RES or NON-RES	NEW or RENEWAL	FEE	LAST NAME
2013 Dog License Receipt?	Current Certificate of Rabies?				

*Did you thoroughly read and understand the Rules and Regulations for Usage? Yes: ___; No: ___
If you have any questions, call 215-757-0571*

**BUCKS COUNTY DEPARTMENT OF PARKS AND RECREATION
OFF-LEASH DOG AREA
ACCEPTANCE OF RISK & RELEASE OF LIABILITY & WAIVER FORM**

Acceptance of the terms and conditions of this release and adherence to the established Bucks County Off-Leash Dog Area Rules & Regulations are conditions of the 'Pass' approval, issuance, retention, and renewal. Passes are for use ONLY by those listed on the application.

I (we) do hereby acknowledge and accept that I (we) have voluntarily applied to participate and utilize, with my dog(s) listed on the Bucks County Off-Leash Dog Area application, the Bucks County Off-Leash Dog Area located at Core Creek Park in Langhorne, PA. I (we) fully understand and acknowledge that unleashing my dog and being physically present at the dog area involves risk or injury to me, any individual accompanying me, other persons, my dog(s) and other dog(s), including but not limited to, risks resulting from aggressive dogs, unpredictable behavior and lack of proper training. I (we) further understand and assume that despite the efforts of the County of Bucks to ensure owners have complied, there is a risk that not all dogs present in the Off-Leash Dog Area are licensed and vaccinated for rabies as may be required, which could result in injury to a person or a dog. Additional risks include, but are not limited to: dog fights; dog bites; theft or unlawful capture; escape over and under the fences; through an open gate; vegetation or standing water that may be unhealthy or poisonous if consumed; burrs or seeds that may become lodged in the dogs coat, feet, eyes, nose, or ears; mosquitoes; spiders; ticks; chiggers; fleas and other insects; and wildlife typically found in a park such as foxes; deer; raccoons; opossums; muskrats; snakes; field mice; turtles, etc. It is my understanding that usage of the Off-Leash Dog Area is self-directed and shall not be directly supervised by an agent or employee of the County of Bucks. Additionally, I accept and acknowledge that I fully assume any and all risks associated with the usage of the Off-Leash Dog Area, including fixtures and equipment, in an unsupervised and self-directed manner.

By accepting the prescribed terms and conditions and signing this release, I (we) hereby agree to indemnify and hold harmless the County of Bucks, its agents, officers, and employees and assigns from and against all loss, cost, damages, expense and liability resulting from my use of the Off-Leash Dog Area, including death, sickness, injury, and disease to any person or dog, or destruction to property, real or personal, arising directly from my use of the Off-Leash Dog Area. I do hereby acknowledge that I (we) have carefully read this release of liability, and fully understand, agree with, and accept the terms and conditions that have been outlined above and in the attached literature. Further, I (we) acknowledge that I (we) have received a copy of the Bucks County Off-Leash Dog Area Rules and Regulations for the Off-Leash Dog Area use and agree to abide by these rules as set forth.

I (we) accept and acknowledge personal responsibility and liability for any injury or damage caused as a result of the wrongful or aggressive behavior of my dog, whether the loss occurs as a result of biting, jumping, running, scratching, digging, charging or any other behavior.

I (we) do hereby waive any and all rights that I (we) may have to institute legal proceedings to recover cost of any kind. I (we) have carefully read this release of liability, and fully understand, agree with, and accept its terms and conditions as outlined. I (we) hereby do certify that I (we) am (are) over the age of 18 years, sober and of sound mind. I (we) have received and reviewed a copy of the Bucks County Off-Leash Dog Area Rules and Regulations for the Off-Leash Dog Area use and agree to abide by these rules as listed. I (we) further understand that all fees paid are non-refundable and that my Off-Leash Dog Area access card will be revoked by the County for misuse of the dog area, failure to abide by the stated rules and regulations, or repeated aggression on the part of any one of the dogs under my direct ownership or supervision.

Print Name: _____ **Signature:** _____

Print Name: _____ **Signature:** _____

Date: ____/____/____

Complete other side ...