



# Anderson Mill Limited District

## Dog Off Leash Area (DOLA) Membership Application

**MUST PROVIDE CURRENT VACCINATION RECORDS FOR:**

- Distemper Parvo DAPP
- Bordetella
- Rabies

**PLEASE PRINT**

<b>Name of Owner:</b>		<b>Full Address:</b>	
<b>Cell Phone:</b>		<b>Email:</b>	
Name of Dog:	Breed/Color:	Gender:	Age:
Name of Dog:	Breed/Color:	Gender:	Age:
Name of Dog:	Breed/Color:	Gender:	Age:
Name of Dog:	Breed/Color:	Gender:	Age:

LAST NAME: \_\_\_\_\_

**~PLEASE READ BEFORE SIGNING ~**

**Assumption of Risk and Release of Liability: Acceptance of the terms and conditions of this release and adherence to Off- Leash Area policies are conditions of the dog off leash area membership approval, retention and renewal. DOLA memberships may be revoked for policy noncompliance.**

I hereby acknowledge that I have voluntarily applied to participate and use, with my dog(s), the AMLD Dog Off Leash Area (DOLA). I understand that the act of unleashing my dog(s) or being physically present inside the DOLA necessarily involves risks of injury to me, other people, my dog(s) and other dogs, including but not limited to, risks resulting from aggressive or dangerous dogs, unpredictable behavior, lack of training, and lack of vaccination. I expressly assume these risks and responsibility for the actions of my dog and myself. I understand that neither Anderson Mill Limited District, nor an agent or employee of Anderson Mill Limited District is liable for any loss, damage, or injury of any kind sustained by any human or dog while using the DOLA. I therefore expressly assume all risks associated with using the AMLD DOLA, as well as any fixtures or equipment located therein. By signing this release of liability and using the AMLD DOLA, I hereby fully and forever release and discharge Anderson Mill Limited District, their employees and agents from any and all claims, demands, damages, or causes of action present of future, whether the same be known or unknown, anticipated, or unanticipated, resulting from or arising out of my intended use of said DOLA premises, facilities, or equipment.

\*I have carefully read this release of liability and understand, agree with and accept its terms and conditions. I also agree to abide by the AMLD DOLA policies there-in.

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

Receipt # _____	Date Processed _____	Staff Initials _____
Receipt # _____	Date Processed _____	Staff Initials _____
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