

www.townofhammonton.org

"To the fullest extent permitted by law, I, as the below individual:

PRINT - FULL NAME

PRINT - FULL ADDRESS

PRINT - DOG LICENSE NUMBER(S)

PRINT - DOG(S) NAME(S)

I will be using the (large) or (small) dog park or (both) and agree to defend, pay on behalf of, indemnify, and hold harmless the Town of Hammonton, its elected and appointed officials, its agents, employees, volunteers and others working on behalf of the Town of Hammonton, against any and all claims, demands, suits, or loss, including all costs connected therewith, and for any damages which may be asserted, claimed or recovered against or from the Town of Hammonton, its elected and appointed officials, its agents, employees, volunteers or others working on behalf of the Town of Hammonton, its elected and appointed officials, its agents, employees, volunteers or others working on behalf of the Town of Hammonton, by reason of personal injury to ones self, or ones dog(s) or anyone in your household who will be visiting the Hammonton Dog Park with your dog(s), including bodily injury, death, property damage, or any other damage which arises out of or is in any way connected to use of Hammonton Dog Park."

I agree that I am responsible for the Hammonton Dog Park entry device given to me. I will not lend the device to anyone outside my immediate household to gain access to the Hammonton Dog Park. I will not allow anyone in my immediate household, who is under age 18, to utilize the device or visit the Hammonton Dog Park with or without my licensed dog(s).

I agree that I will take responsibility for picking up after my dog(s). I understand that failure to comply with any of the rules declared in this agreement, will result in either temporary or permanent suspension of use of dog park for any/all dog(s) in my household and by any person(s) in my household.

I agree that I will comply with all laws of the Town of Hammonton, County of Atlantic, State of New Jersey.

FOR OFFICE USE ONLY

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SIGNATURE

DATE

ISSUED:

FOB#:_____

EXPIRES:_____