



## OBTAINING YOUR PASS

To register and be provided a key fob, you will need to follow the instructions below:

### STEP 1: Complete the WTDP Membership Application

Print the form and fill in all requested information or you can fill out the application online and then print. Check the box to acknowledge that you have read the rules at the bottom. Read the waiver and sign.

### STEP 2: Photo copy your dog(s) current rabies vaccination certificate.

*Please Note: Compliance with dog registration is a City of Kansas City, Missouri municipal ordinance.*

STEP 3: Bring your completed registration form, proof of rabies vaccination, and membership fee to one of the following KC Parks Downtown Community Centers.

Tony Aguirre Community Center, 2050 W. Pennway, Kansas City, MO 64108

Westport Roanoke Community Center, 3601 Roanoke Road, Kansas City, MO 64111

Garrison Community Center, 1124 E. Fifth St., Kansas City, MO 64106

Gregg/Klice Community Center, 1600 John "Buck" O'Neil Way, Kansas City, MO 64108

## HOW TO ENTER THE PARK

The West Terrace Dog Park has two entry points. One is on the north end, accessible from W. 7th Street and the other is on the south end at the top of the hill, accessible from W. 8th Street. Keep dogs leashed until inside the unleashing lobby. Allow other members to exit the unleashing lobby before entering. Enter the unleashing lobby by scanning the bar code on your key fob. Please close the gate securely behind you and do not hold the gate open for other members. Unleash your dog and take a moment to observe the behavior of the other dogs in the park. If the behavior of your dog and the dogs in the park is friendly, open the gate to enter the park and securely close it behind you.

## ADDITIONAL INFORMATION

The park contains multiple service entrances to provide access for maintenance and emergency personnel. Please do not enter or exit through these gates. If you notice a service gate is unlocked or unsecured please call the Dog Park Manager at 816-513-WOOF (9663). On Thursday mornings, the dog park will be open, but there may be mowing crews inside between the hours of 8-11 a.m.

## CONTACT

Dog Park Manager

816-513-WOOF (9663)



# APPLICATION FOR DOG PARK PASS

- LIMIT 4 DOGS PER HOUSEHOLD
- PLEASE KEEP YOUR KEY FOB FROM YEAR TO YEAR

## HEAD OF HOUSEHOLD

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### DOG #1

Name: \_\_\_\_\_

### DOG #3

Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Birth \_\_\_\_\_

Rabies Vaccination Certificate Provided

Rabies Vaccination Certificate Provided

### DOG #2

Name: \_\_\_\_\_

### DOG #4

Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Birth \_\_\_\_\_

Rabies Vaccination Certificate Provided

Rabies Vaccination Certificate Provided

**FEES // \$5 PER MEMBERSHIP, INCLUDES ONE KEY FOB// \$10 FOR ONE ADDITIONAL KEY FOB REPLACEMENT FEE FOR LOST OR REISSUED KEY FOB \$10**

### OFFICE USE ONLY

Key Fob #1: _____	Key Fob #2: _____	Waiver Signed & Scanned	<input type="checkbox"/>
Dog #1 Dog Feature Code Assigned	<input type="checkbox"/>	Dog #3 Dog Feature Code Assigned	<input type="checkbox"/>
Rabies Vaccination Certificate Scanned	<input type="checkbox"/>	Rabies Vaccination Certificate Scanned	<input type="checkbox"/>
Rabies Expiration Date Entered	<input type="checkbox"/>	Rabies Expiration Date Entered	<input type="checkbox"/>
Dog #2 Dog Feature Code Assigned	<input type="checkbox"/>	Dog #4 Dog Feature Code Assigned	<input type="checkbox"/>
Rabies Vaccination Certificate Scanned	<input type="checkbox"/>	Rabies Vaccination Certificate Scanned	<input type="checkbox"/>
Rabies Expiration Date Entered	<input type="checkbox"/>	Rabies Expiration Date Entered	<input type="checkbox"/>

## CHECK BOX TO ACKNOWLEDGE THAT YOU AGREE TO THE RULES BELOW

### DOG PARK RULES & REGULATIONS

1. Handlers enter off-leash area at their own risk.
2. Handlers must clean up after their dogs and dispose of all trash.
3. Dogs may never be left unattended and must be under voice control at all times. There is a maximum of four (4) dogs per adult handler.
4. Owners are responsible legally and financially for the actions of their dogs. Aggressive dogs should not be brought into the area, and any dog must be removed immediately if aggressive behavior is noted.
5. Dogs must be healthy and free of parasites, properly licensed, vaccinated, and not in heat. No puppies under four months old are allowed.
6. Children 8 years and under are not allowed in the off-leash dog area; children ages 9 – 15 must be accompanied by an adult. An adult handler is considered anyone over 16 years of age.
7. Dogs must be leashed when outside of the fenced area. Handler should have the leash in hand when inside of the area.
8. No human food is permitted in the fenced/off-leash area. Handlers using dog treats must assume the risk of safe handling.
9. Prong, choke and spike collars must be removed for safety reasons.
10. Handlers are subject to all applicable city ordinances.

**PLEASE SIGN THE WAIVER ON THE BACK**



# DOG PARK WAIVER & RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT

This document affects your legal rights. By writing your signature below, you acknowledge that you have read and understood the disclosures of risks, voluntarily accept those risks, and agree to be bound by all terms of this Waiver and Release of Liability and Indemnity Agreement

## RESPONSIBILITIES OF DOG OWNER IMPORTANT INFORMATION

You are solely responsible for supervising your dog and determining whether or not this is an appropriate activity to participate in. You must understand that you are participating in this activity at your own risk (and risk of your dog). You must understand there are inherent risks of injury and damage associated with off-leash dog parks. Dogs and permit holders of varying degrees of skill, training and experience use this facility.

You are responsible for determining if your dog is appropriate for an off-leash experience that may include many other dogs and people. You are solely responsible for determining if you and/or your dog are physically fit and/or adequately skilled to use this facility. It is always advisable, especially if you or your dog is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician or veterinarian before undertaking any dog training or exercise activity.

## WARNING OF RISK

Dog exercise, walking, training leashed or simply allowing your dog off lead, is intended to provide a fun and rewarding experience for a dog and his owner/handler. However, despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury, including death to either the dog or its owner. Dogs are pack animals and when "off lead", even the best-trained dogs will act instinctively. Despite all warnings, rules and precautions, certain dangers still exist. Understandably, not all hazards and dangers associated with dog activities can be foreseen. Certain inherent risks include the propensity of any dog to behave in dangerous ways that may result in injury to another patron or dog. Other risks include, but are not limited to, the inexperience, negligence or irresponsibility of a dog owner; the inability to predict a dog's reaction to sound, movements, objects, persons, or other animals; and actions by the dog due to fright, anger, stress, insect bites, or natural reactions such as jumping, pulling, resisting and biting. Other risks include the hazards associated with environmental and traffic conditions, acts of God, inclement weather, slip and falls, premises defects, equipment failure, failure in instruction/supervision, and all other circumstances inherent to dog and outdoor activities. Each person who uses the Park does so at his own risk and assumes the danger of using the Park.

Should you attempt to break up a fight between dogs, you may be attacked and severely mauled by the other dog or attacked by the dog's owner/handler. In this regard, it must be recognized that it is impossible for the City of Kansas City, Missouri's Board of Parks & Recreation Commissions, Kansas City, Missouri Parks & Recreation Department or the City of Kansas City, Missouri to guarantee absolute safety.

## WAIVER AND RELEASE OF ALL CLAIMS AND INDEMNIFICATION AGREEMENT

Please read this form carefully and be aware that in consideration for permission to use this facility, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your dog might sustain as a result of participating in any and all activities connected with and associated with use of this facility and surrounding area.

I recognize and acknowledge that there are certain risks of physical injury to the dog and its owner/handler in association with participating in dog activities, and I voluntarily agree to assume the full risk of any injuries, damages or loss, regardless of severity, that I might sustain as a result of participating in any and all activities connected with or associated with use of this facility and surrounding area.

I do hereby agree to waive, relinquish, release and forever discharge the City of Kansas City, Missouri's Board of Parks & Recreation Commissions, Kansas City, Missouri Parks & Recreation Department or the City of Kansas City, Missouri, including its officials, agents, employees, volunteers and from any and all claims for injuries, damages or loss that I may have or which may accrue to me and arising out of, connected with, or in any way associated with this use of this facility and surrounding area.

I further agree to indemnify and hold harmless and defend the City of Kansas City, Missouri's Board of Parks & Recreation Commissions, Kansas City, Missouri Parks & Recreation Department or the City of Kansas City, Missouri from and against any and all losses, claims, damages, liabilities, cause of actions, and expenses (including attorney fees), on account of personal injuries or death to any person or dog, or damages to property occurring, growing out of, incident to, or resulting directly or indirectly from my use of this facility and surrounding area.

If registering on-line or via fax, your on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

**I HAVE READ THIS ENTIRE DOCUMENT, UNDERSTAND IT COMPLETELY, AND AGREE TO BE BOUND BY ITS TERMS.**

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Head of Household Name (Please Print)

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Head of Household Signature

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Date