



## Red Fern Dog Park DATE Pass Application **for non-North Liberty Residents**

Application for dog(s) whose owners do not live in North Liberty. One application per household.



**Administration**

(319) 626-5700



**Email**

[pets@northlibertyiowa.org](mailto:pets@northlibertyiowa.org)



**Website**

[northlibertyiowa.org/dogpark](http://northlibertyiowa.org/dogpark)

### DOG OWNER INFORMATION

**NAME**

**COURTESY  
TITLE**

**SHE/HER  
MS.**

**HE/HIM  
MR.**

**THEY/THEM  
MX.**

**OTHER**

**HOME ADDRESS**

APARTMENT/CONDO UNIT #  
(if applicable)

**CITY, STATE, ZIP CODE**

**PHONE #**

**TEXT OK?**

**YES**

**NO**

**EMAIL**

### RED FERN DOG PARK ANNUAL PASSES

Red Fern Dog Park Passes run the calendar year, meaning they are good through December 31 of the year of purchase. Dogs must be at least 16 weeks old and vaccinated for rabies to qualify for a dog park pass. Check with your municipality to find out if your dog requires a pet license.

| Dog Park User Fee      |                     |
|------------------------|---------------------|
| First Dog in Household | Each Additional Dog |
| \$55                   | \$30                |
| \$30 after 9/1         | \$20 after 9/1      |

**1 DOG NAME**

**DOG BREED**

**DOG COLOR**

**SEX**

**MALE**

**FEMALE**

**BIRTH YEAR**  
(if unknown, best guess)

**SUBMITTED CURRENT  
PHOTO OF DOG?**

**YES (REQUIRED)**

**VETERINARIAN  
CLINIC NAME**

**RABIES VAX  
EXPIRATION DATE**

**(REQUIRED)**

**MUST PROVIDE DOCUMENTATION FROM VETERINARIAN  
WITH PROOF OF RABIES VACCINATION**



|  |  |  |                         |
|--|--|--|-------------------------|
| <b>2</b>   | <b>DOG NAME</b>                                      | <b>DOG BREED</b>                       |                         |
|  | <b>DOG COLOR</b>                                     | <b>SEX</b>                             | <b>MALE      FEMALE</b> |
|  | <b>BIRTH YEAR</b><br><i>(if unknown, best guess)</i> | <b>SUBMITTED CURRENT PHOTO OF DOG?</b> | <b>YES (REQUIRED)</b>   |
|  | <b>VETERINARIAN CLINIC NAME</b>                      | <b>RABIES VAX EXPIRATION DATE</b>      | <b>(REQUIRED)</b>       |
| <b>MUST PROVIDE DOCUMENTATION FROM VETERINARIAN WITH PROOF OF RABIES VACCINATION</b> |  |  |                         |

|  |  |  |                         |
|--|--|--|-------------------------|
| <b>3</b>   | <b>DOG NAME</b>                                      | <b>DOG BREED</b>                       |                         |
|  | <b>DOG COLOR</b>                                     | <b>SEX</b>                             | <b>MALE      FEMALE</b> |
|  | <b>BIRTH YEAR</b><br><i>(if unknown, best guess)</i> | <b>SUBMITTED CURRENT PHOTO OF DOG?</b> | <b>YES (REQUIRED)</b>   |
|  | <b>VETERINARIAN CLINIC NAME</b>                      | <b>RABIES VAX EXPIRATION DATE</b>      | <b>(REQUIRED)</b>       |
| <b>MUST PROVIDE DOCUMENTATION FROM VETERINARIAN WITH PROOF OF RABIES VACCINATION</b> |  |  |                         |

|  |  |  |                         |
|--|--|--|-------------------------|
| <b>4</b>   | <b>DOG NAME</b>                                      | <b>DOG BREED</b>                       |                         |
|  | <b>DOG COLOR</b>                                     | <b>SEX</b>                             | <b>MALE      FEMALE</b> |
|  | <b>BIRTH YEAR</b><br><i>(if unknown, best guess)</i> | <b>SUBMITTED CURRENT PHOTO OF DOG?</b> | <b>YES (REQUIRED)</b>   |
|  | <b>VETERINARIAN CLINIC NAME</b>                      | <b>RABIES VAX EXPIRATION DATE</b>      | <b>(REQUIRED)</b>       |
| <b>MUST PROVIDE DOCUMENTATION FROM VETERINARIAN WITH PROOF OF RABIES VACCINATION</b> |  |  |                         |

----- BELOW FOR STAFF USE ONLY -----

|                        |                              |
|------------------------|------------------------------|
| <b>EMPLOYEE NAME</b>   | <b>AMOUNT APPLICANT PAID</b> |
| <b>DATE OF PAYMENT</b> | <b>METHOD OF PAYMENT</b>     |



## ANIMAL CONTROL

HAS AN ANIMAL CONTROL AGENCY EVER DECLARED ONE OR MORE OF THE DOGS LISTED ON PAGE 1 OR 2 TO BE "POTENTIALLY DANGEROUS" OR "DANGEROUS"?

YES

NO, move on to next section.

IF YES, PLEASE EXPLAIN

## ACKNOWLEDGMENTS

MUST CHECK

I \_\_\_\_\_ AFFIRM THAT I AM AT LEAST 18 YEARS OLD.

MUST CHECK

I ACKNOWLEDGE THAT I POSSESS A COPY OF THE DOCUMENT TITLED "NORTH LIBERTY RED FERN DOG PARK MAP, RULES & ETIQUETTE," AND I UNDERSTAND THE CONTENT THEREIN. I AM AWARE THAT THIS DOCUMENT MAY BE UPDATED PERIODICALLY AND THE MOST RECENT VERSION CAN BE FOUND AT NORTHLIBERTYIOWA.ORG/DOGPARK AND ON SIGNAGE AT THE PARK.

MUST CHECK

I ACKNOWLEDGE THAT I AM PURCHASING AN ANNUAL PASS WHICH ALLOWS FOR RED FERN DOG PARK ACCESS FOR THE INDIVIDUAL DOG(S) IDENTIFIED ON PAGE 1, WHICH RUNS FROM THE DATE I OBTAIN MY PASS THROUGH DECEMBER 31 OF THE SAME YEAR. MEMBERSHIP CANNOT BE TRANSFERRED OR REFUNDED. MEMBERSHIPS ARE NOT REQUIRED FOR HUMANS.

MUST CHECK

I ACKNOWLEDGE THAT PARK PRIVILEGES FOR MYSELF AND/OR MY DOG(S) MAY BE REVOKED FOR RULE INFRACTIONS - AS DETERMINED BY CITY STAFF.

MUST CHECK

I ACKNOWLEDGE THAT RED FERN DOG PARK HAS THREE YARDS AND - DUE TO HEAVY USE - THE TURF IS SEEDED TWO TIMES A YEAR. IN ORDER TO ALLOW FOR SUCCESSFUL GROWTH, A TEMPORARY CLOSURE OF ONE OF THE THREE YARDS WILL HAPPEN EACH YEAR FOR APPROXIMATELY ONE MONTH IN THE SPRING. THE PARKS DIRECTOR WILL CHOOSE THE YARD. CLOSURE NOTICES WILL BE SENT TO PASSHOLDERS VIA EMAIL AND POSTED ON THE RED FERN DOG PARK WEBPAGE.

MUST CHECK

I WILL CALL 911 FOR ANY DOG PARK INCIDENT INVOLVING BLOOD, A BITE, OR PROPERTY DAMAGE. I WILL REPORT ALL DOG PARK INCIDENTS TO THE CITY BY LEAVING A MESSAGE AT (319) 626-5700 OR BY USING THE ONLINE FORM AT NORTHLIBERTYIOWA.ORG/DOGINCIDENT.

MUST CHECK

I HAVE RECEIVED A MAP OF THE RED FERN DOG PARK PROPERTY AND WILL DO MY BEST TO NOT INFRINGE ON THE NEIGHBORING PRIVATE PROPERTY, INCLUDING - BUT NOT LIMITED TO - DRIVING ON OR PARKING IN THEIR DRIVEWAY OR ALLOWING MY DOG(S) TO TRESPASS ONTO THEIR PROPERTY. I UNDERSTAND THAT THE DAWN-TO-DUSK RULE & LIMITED NUMBER OF PARKING SPACES WERE ESTABLISHED - IN PART - TO KEEP NOISE FROM INTERFERING WITH NEIGHBORS' SLEEP & ENJOYMENT OF THEIR PROPERTY.



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## WAIVER & RELEASE OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNIFICATION AGREEMENT

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**As a condition for the approval by the City of North Liberty of my application for membership and usage of Red Fern Dog Park, (the "Activity"), I represent that:**

1. I FULLY UNDERSTAND THE NATURE OF THE ACTIVITY, and that the Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, to myself or any persons present under my custody or care (my "Guests"), which may be caused by my own actions or inactions, those of my dog or dogs, those of my Guests, my those of other Activity participants or their dogs, the conditions in which the Activity takes place, or the negligence of the "RELEASEES" named below; and that there may be other risks either not known to me or not readily foreseeable at this time. I acknowledge that if I believe conditions are unsafe, or if any participant or animal present at Red Fern Dog Park poses a threat to my safety, my Guests' safety, or my dog's safety, I will immediately discontinue my participation in the Activity.
2. I HAVE READ AND UNDERSTAND THE RULES FOR THE ACTIVITY, and I will abide by those rules and any instructions given by City staff.
3. I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY for losses, costs, and damages I may incur as a result of my participation in the Activity.
4. I HEREBY RELEASE, DISCHARGE AND PROMISE NOT TO SUE the City of North Liberty, its elected officials, officers, agents, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and landlords of premises on which the Activity takes place (each considered one of the "RELEASEES" herein), from all liability, claims, demands, losses, or damages that I or my Guests suffer which are caused or alleged to be caused in whole or in part by the negligence (but not reckless or intentional conduct) of the RELEASEES or otherwise, including negligent rescue operations.
5. I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each RELEASEE from any loss, liability, damage, or cost which any may incur, if, despite this release and waiver of liability, and assumption of risk, I or anyone on my behalf, makes a claim against any RELEASEE.
6. I HAVE CONSIDERED that if this waiver of liability was not as broad as it is, the costs of membership would be considerably higher, and as I do not wish to pay a considerably higher cost, I waive the right to bargain for different waiver of liability terms.
7. I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, (collectively the "Agreement"), UNDERSTAND THESE TERMS AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS AGREEMENT, and have signed it freely and without any inducement or assurance of any nature. No Releasee or person on behalf of any Releasee has told me anything that is inconsistent with or contrary to the terms of this Agreement. I understand that, in reliance upon my signature on this form, voluntarily given, I may be permitted to participate in the Activity noted above. I intend it be a complete and unconditional release of all liability to the greatest extent allowed by law. If any portion of this Agreement is held to be invalid, the balance shall continue in full force and effect.

**BY SIGNING BELOW, YOU AGREE TO THE TERMS SET FORTH ABOVE. DO NOT SIGN WITHOUT READING.**

**PARTICIPANT PRINTED NAME**

**PARTICIPANT SIGNATURE**

**DATE**

*A Red Fern Dog Park Pass for each dog and a photocopy of this application will be mailed to the pet owner after application and payment have been received. Allow ten (10) business days for processing & delivery. **Contact** [pets@northlibertyiowa.org](mailto:pets@northlibertyiowa.org) or 319-626-5700 if there is a delay or issue with your license.*