

City of West Des Moines

Dog Park - ANNUAL PERMIT Form



In order for you and your dog to enjoy the Raccoon River Dog Park, a permit tag is required to be on your dog or in your possession within the fenced area. If you have any questions regarding the form, please call 222-3444.

Office Use Only	Tag #1:	Rabies Due:	Parvo Due:	Sold by/Date:
	Tag #2:	Rabies Due:	Parvo Due:	

Annual Fee Information

WDM Resident Fee (per Dog) \$ 20 x ___ dog(s) = _____

Non-Resident Fee (per Dog) \$ 40 x ___ dog(s) = _____

Permits are valid January 1 to December 31, no pro-rated fees, no refunds.

Owner Information

Name of Owner		Name of Additional Handler (if applicable)	
Address		City	Zip
E-mail	Phone		Dog Park Permit Renewal? YES NO

Dog Information

Name of Dog #1	Breed of Dog	Color	Age
Name of Dog #2	Breed of Dog	Color	Age

Veterinarian Information

Veterinarian Clinic	City, State	Phone Number
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Release of Liability

I hereby acknowledge that I voluntarily have applied to participate and use, with my dog(s), the Raccoon River Dog Park (RRDP) owned and operated by the City of West Des Moines (City) and the West Des Moines Parks and Recreation Department (WDMPR). I understand that the act of unleashing my dog(s) and being physically present within the RRDP necessarily involves risks of injury to me, other people, my dog(s), and other dogs. I understand that the aforementioned risks are entirely my responsibility and I expressly assume all of these risks.

I understand that the permit system is not established to guarantee that dogs in the park are safe or healthy. I further understand that dogs, irrespective of their training and usual past behavior or characteristics, may act or react unpredictably at times based upon instinct or circumstances, and I agree to assume the risk of injury to me, any individual (including children) accompanying me in the RRDP and my dog(s). I also agree to abide by all conditions and restrictions detailed on signs located in or around the RRDP. I understand that this risk may result from fierce, aggressive, vicious and dangerous dogs which may be present in the RRDP.

I further understand and assume the risk that not all dogs in the RRDP may have been vaccinated for distemper, parvo, or rabies all of which could result in injury to me and my dog(s) or companions. Additional risks include, but are not limited to: dog fights, dog bites and injuries to humans and other dogs; dog theft or unlawful capture; dog escape over or under fences; plants and/or water sources in the area may be poisonous to dogs or people; park vegetation may have burrs or seeds that could become tangled in a dog's coat or lodge in a dog's feet, ears, nose or eyes; mosquitoes, ticks, chiggers, fleas or other insects may be present; wild animals such as skunks, raccoons, opossums, or stray dogs could be present in the park, all of which might injure or infect my dog(s). I understand and expressly assume all additional risks.

It is my understanding that no agent or employee of the City will supervise the off-leash area at any time. I, therefore, expressly assume all risks associated with using the RRDP, as well as fixtures and equipment located therein, in an unsupervised manner.

By signing this release of liability and using the RRDP, I hereby fully and forever release and discharge the City, WDMPR, and their employees, agents, and volunteers from any claims, demands, damages, rights of action or causes of action present or future, whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of my use or intended use of said off-leash area premises from any and all negligent, reckless, or intentional acts or omissions of others that may occur at the RRDP. I hereby assume sole responsibility for my own actions or omissions, the actions or omissions of my children to the extent permitted by law, and the behavior of my dog(s) and agree to indemnify and save harmless the City, WDMPR, their employees, agents, and volunteers for any damage resulting in bodily injury, death, property loss, including legal and expert witness fees, caused by actions or omissions attributable to me, my children, or my dogs.

I have carefully read this release of liability and understand and fully agree with its contents. I also have received a copy of the RRDP rules and I agree by my signature below to fully comply with these rules and to inform others I bring into the facility, including children, of these rules and will ensure their compliance with the rules. My signature also confirms that I am not aware of any instance in which the dog I am requesting an annual permit or daily pass for has shown aggressive, fighting, or biting behavior towards other animals or people. By signing I verify that all of the above information is accurate, I also understand that the information I have provided regarding myself or my dog(s) may be provided by the City to others upon request pursuant to Iowa open records laws.

Signature of **X**
Owner*

Signature of **X**
Additional Handler*

Include with the completed form:

- a copy of vet receipt verifying vaccinations
- payment of fees payable to "City of WDM"

Apply by Mail:
City of West Des Moines
Parks and Recreation
P.O. Box 65320
West Des Moines, IA 50265

Apply in Person:
Parks and Recreation Office
4200 Mills Civic Parkway, Suite 1B
West Des Moines, IA 50265
Phone: 515-222-3444
Monday-Friday 8:00am - 5:00pm

Raccoon River Park Nature Lodge
2500 Grand Avenue
West Des Moines, IA 50265
Phone: 515-222-3424
Call for hours