

Office use only

Last Name: _____ **First Name:** _____

Dog 1. _____ **2.** _____ **3.** _____

**AGREEMENT, WAIVER OF LIABILITY AND
INDEMNIFICATION**

I agree to abide by the Rules of the Off-Leash Dog Area (OLDA) and all West Bloomfield Township ordinances.

I understand that my use of the OLDA may involve an element of risk or danger of accidents. I assume full responsibility for the risks associated with use of the OLDA and my assumption of those risks is binding upon my heirs and assigns. In consideration for the granting of a permit to use the OLDA, I hereby waive, release, and discharge the Charter Township of West Bloomfield and the West Bloomfield Parks and Recreation Commission from any and all liability for personal injury or damage to personal property accruing to myself or to the dogs I bring to the OLDA. This agreement and waiver binds my executors, administrators, heirs, successors or assigns in connection with my use of the OLDA. I hereby indemnify and hold the Charter Township of West Bloomfield and the West Bloomfield Parks and Recreation Commission harmless for any and all injury to myself or any other person for any personal injury or damage to personal property in connection with my use of the OLDA.

I accept full responsibility for any and all injury to any person, or damage to any property, in connection with the use of the OLDA by myself or by any dogs which I bring to the OLDA.

I certify that I have read the "Rules – Off-Leash Dog Area (OLDA)" and this document, and further certify that I agree to its content.

Name _____ Signature _____ No. _____

Address _____ City _____ Zip _____

Home Phone (____) _____ Work/Cell Phone (____) _____

E-Mail Address _____

Witness _____ **Date** ____/____/____

Other Members of Household (over the age of 18):

Name _____ Signature _____ No. _____

Witness _____ **Date** ____/____/____

Name _____ Signature _____ No. _____

Witness _____ **Date** ____/____/____

Name _____ Signature _____ No. _____

Witness _____ **Date** ____/____/____