

Experience LIFE in the Park

2024 Non-resident off-leash dog park permit application

Please complete a separate application for each dog.

Dog owner name:		Email:			
Street address:					
City:		State:	Zip cod	de:	
Home phone:		Cell phone:			
Dog's name:		Coat col	or:		
Breed:		Sex: 🗆	☐ Male ☐ F	- emale	
St. Louis Park purchasi	ng a dog park permit	ent dog license to use the t which is valid from the ff-leash dog parks in St.	date of purcha		•
☐ The license number☐ I have attached a co	ppy of my dog's curre				
•	•	ce of the terms and con permit approval, retent			
designated by the City of present inside the off-led dog(s), including but not of training and lack of with myself. I understand thany time. I further under any kind sustained by a associated with using the Parks and Recreation D	of St. Louis Park. I und eash dog parks necess at limited to, risks resulaccination. I expressly at no agent or employerstand and agree that ny human or dog while off-leash dog parkstivision often takes pices, and staff training.	applied to participate an lerstand that the acts of usarily involves risks of injusting from aggressive or a ssume these risks and yee of the City of St. Louis Parlie using the off-leash dogs, as well as any fixtures octures and video of particities.	unleashing my dary to me, other dangerous dog(s responsibility for s Park will super k is not liable for parks. I thereby r equipment localizations	og(s) or being people, my do s), unpredictal or the actions of vise the off-le r any loss, dany expressly assented therein. their facilities.	g physically og(s) and other ble behavior, lack of my dog and eash dog parks at mage or injury of sume all risks The St. Louis Park . These are used
the City of St. Louis Par action present or future or arising out of my inte	k, their employees, ar e, whether the same bended use of the said	ne off-leash dog parks, I had agents from any and a be known and unknown, a off-leash dog park preminee with, and accept its to	II claims, deman anticipated, or u ses, facilities or	ids, damages, inanticipated, equipment. I l	or causes of resulting from
			Date		
OFFICE USE ONLY	Tag #:	Fee:	Ck#:		Cash:□ CC: □
Is	sued:	Initials:		Vacc: □	

inspections@stlouisparkmn.gov