

EMPLOYEE USE ONLY

Membership (tag) Expires:	Dog 1 Name:	A#
Person P Number:	Dog 2 Name:	A#
New Vaccination Record By:	Dog 3 Name:	A#
	Dog 4 Name:	A#
Key Fob Number:	Dog 5 Name:	A#
Staff Initials:	Dog 6 Name:	A#



**HUMANE SOCIETY**  
— of Indianapolis —

**Pet Park Membership Application**  
**Please Print Clearly**

MEMBER INFORMATION

Member Name:	
Street Address:	
Apartment #:	
City:	
State:	
Zip Code:	
Home Phone:	
Alternate Phone:	
*Email Address:	

\*required

DOG INFORMATION

Name:			
Breed: (Dominate Breed)			
Sex (Spayed or Neutered)			
Age:			
Color(s)			
Vaccination Due - Rabies:	Bordetella:	Distemper:	Parvo:

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**Waiver of Liability:**

In submission of this registration/membership form, I for myself, my heirs, executors, administrators and assignees forever release and discharge any and all rights, demands, claims for damages and cause of suit or action, known, and unknown, that I may have against the Humane Society of Indianapolis and any and all the directors, officers, employees and agents of such parties, for any and all injuries resulting from myself or pets' participation in the Pet Park. I attest and verify that I have full knowledge of the risks involved in the Pet Park and that I assume those expenses for myself and my pet in the event of an accident, illness, or other incapacity, regardless of whether or not I have authorized such expenses. I release the rights to any and all photographic material and personal information the Humane Society of Indianapolis may wish to release involving the Pet Park without obligation to me. HSI reserves the rights to terminate membership if your enrolled pet becomes aggressive towards people or other dogs while visiting the pet park. In the case of behavior issues HSI will not be obligated to refund pet park membership fees for the pet park in this instance.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_