



Canine Companion Zone Pooch Pass Application and Agreement

Last Name: _____

Annual passes are based on the calendar year
January 1 through December 31.

An annual pooch pass consists of a tag for your dog, and a gate access for you. The dog tag must be visible on your dog while using the off leash zone. A daily pass consists of a gate access and temporary tag that need to be returned. Please ask staff for pricing.

1. Read and sign the Release of Liability
2. Fill out all lines below (please print legibly)

Date _____

Name of Owner _____

Phone Number () _____ - _____

E-Mail Address _____

Address (Street) _____

(City, Zip) _____

Township _____

Name of Dog _____


Breed of Dog _____

Name of Dog _____

Breed of Dog _____

Name of Dog _____

Breed of Dog _____

Signature of Applicant 

Release of Liability


It is my understanding that no agent or employee of Indy Parks or the City of Indianapolis will supervise the CCZ at any time. I further understand that neither Indy Parks nor the City of Indianapolis assumes liability of loss, damage, or any kind of injury sustained by any human or dog while using the CCZ. I therefore expressly assume all risks associated with using the CCZ, as well as fixtures and equipment located therein, in an unsupervised manner.

I hereby acknowledge that I voluntarily have applied to participate and use, with my dog(s), the Canine Companion Zone ("CCZ"). I understand that the act of unleashing my dog(s) and being physically present inside the CCZ necessarily involves risks of injury to me, other people, my dog(s), and other dogs, which risks are entirely my responsibility. I expressly assume all these risks. I further understand that dogs, irrespective of their training and usual past behaviors 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 accompanying me in the CCZ, and my dog(s).

I understand that this risk may result from fierce, aggressive, vicious, and dangerous dogs, which may be present in the CCZ. I further understand and assume the risk that not all dogs present in the CCZ have received the Rabies vaccine as required by law, and that not all dogs using the CCZ have been vaccinated for Distemper, Parvo, or Bordetella, all of which could result in injury to me and my dog(s). 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 park may be poisonous to dogs; 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.

By signing this release of liability and using the Canine Companion Zone, I hereby fully and forever release and discharge Indy Parks, the City of Indianapolis, and their employees and agents from any and all claims, demands, damages, rights of actions, 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 Canine Companion Zone premises. I fully and forever release and discharge Indy Parks, the City of Indianapolis, and their employees and agents from any and all negligent acts and omissions in the same, and intend to be legally bound by this release.


Pooch Pass #: _____

3. This form, along with vaccination records documenting current vaccinations for Rabies, Parvo, Distemper, and Bordetella, and payment are required.
4. Pick up a dog park brochure before you leave the office.
5. We accept cash, check and credit cards. Make Checks payable to:
Indy Parks & Recreation
6. Failure to comply with any park or city ordinance, statute, rule, regulation or policy may result in suspension/loss of pass without reimbursement.
7. I hereby certify that my dog(s) is not a wolf hybrid or coydog.


I have carefully read this release of liability and understand and fully agree with its contents. I also have received a copy of the brochure outlining rules for use, and I agree to read the brochure before my first visit to the Canine Companion Zone.

 Initial

THIS IS A RELEASE OF LIABILITY. Do not sign if you do not understand or do not agree with its terms.

Signature: 

Date: 

Gate Access #: _____