



WOOTTON PARK BOAT LAUNCH ANNUAL PASS REGISTRATION FORM

GENERAL INFORMATION

Name: _____ Date: _____

Address: _____ City/State/Zip: _____

Phone #: _____ Email Address: _____

Drivers License #: _____ Boat Registration #: _____

Boat Manufacturer: _____ Boat Model: _____

CITY OF БЕЛОIT HOLD HARMLESS WAIVER

The responsible party agrees to hold harmless the City of Beloit, its employees, and officials from and against any and all claims, suits, actions, damages and/or causes of action arising from the use of city facilities, for any personal injury, loss of life, property, and/or damage to property sustained in or about the said premises, and from and against all costs, expenses and liability incurred in and about any such claims the investigation thereof or the investigation thereof or the defense of any action process brought thereon and from and against any orders and/or judgments that may be entered therein.

The responsible party further agrees to adhere to the rules and regulations of the City of Beloit and to be responsible for any damages to the property and/or facility that are a result of any action(s) of the Wootton Park Boat Launch. Any other rules which may apply will be listed in an addendum.

Having read and answered all of the above information, I hereby state that all statements are true and correct in every way. I also consent to comply with all rules and regulations concerning the use of the Wootton Park Boat Launch in the City of Beloit as outlined in the ordinance.

I am applying for an annual sticker with the City of Beloit, County of Rock, State of Wisconsin, for the Wootton Park Boat Launch Pass, as provided by City Ordinance No. 2406, to expire on December 31st of the calendar year.

By signing below, I have read and understand the foregoing statement.

Applicants Signature: _____ Date: _____

FOR OFFICE USE ONLY

Clerk: if pass is sold at City Hall send a copy of the completed application form to the Parks Recreation Department; if sold at DPW send a copy to City Hall (Treasury).

Resident (\$35): _____ Non-Resident (\$40): _____ Payment: Cash _____ Credit _____ Check # _____

Permit #: _____ Staff Name: _____ Date: _____