

City of Wilson Parks and Recreation Waterfowl Blind Application

Complete the information below in its entirety. Attach a copy of your valid NC hunting license, a copy of your most recent City of Wilson Utility Bill, a copy of your valid NC Driver's License, a signed release form, and include the \$5 application fee (NO CASH PLEASE) and mail to:

City of Wilson
Outdoor Recreation – Duck
PO Box 10
Wilson, NC 27894-0010

Name _____ Age _____

NCDL# (required) _____ Home Phone () _____

Address _____

City State Zip

Email Address (required) _____

NC Wildlife # (required) _____

City of Wilson Customer # or Proof of Residence (required) _____

CITY OF WILSON

PARKS AND RECREATION WATERFOWL BLIND PROGRAM

RELEASE, INDEMNITY, ACKNOWLEDGEMENT AND ASSUMPTION OF RISK

IN CONSIDERATION of the participation of the undersigned in the Parks and Recreation Waterfowl Blind Program (the "Program") sponsored by the City of Wilson, the undersigned, for myself, my heirs, executors, administrators, personal or legal representatives, successors and assigns, hereby agree to:

- (i) RELEASE, WAIVE and FOREVER DISCHARGE the City of Wilson, its elected officials, officers, employees, and agents (collectively the "City") from any and all claims, losses, damages, or liability (present and future), on account of injury to my person or property, including injury resulting in my death, arising out of, or in any way connected with, my participation in the Program, including, without limitation, to the extent permitted by law, any claim, loss, liability, or damage related (directly or indirectly) to acts or omissions (negligent or otherwise) of the City; and
- (ii) INDEMNIFY, DEFEND and HOLD HARMLESS the City from and against any and all claims, losses, liability, and damages (present and future) and all cost, charges, and fees (including reasonable attorneys fees) related thereto, arising out of, or in any way connected with, my participation in the Program, including, without limitation, to the extent permitted by law, any claim, loss, liability, or damage related (directly or indirectly) to acts or omissions (negligent or otherwise) of the City.

I understand that participation in the Program involves the risk of injury or death, and by executing this Release, Indemnity, Acknowledgement and Assumption of Risk (this "Release"), I acknowledge and assume all risk of injury or death resulting from participation in the Program.

I further agree that if any term or provision of this Release, or the application thereof, to any person or circumstance shall, to any extent, be deemed invalid or unenforceable, the remainder of this Release, or the application of such term or provision, to person or circumstances other than those to which it is held invalid or unenforceable, shall not be affected thereby, and each term and provision of this Release shall be valid and enforceable to the fullest extent permitted by law.

I have carefully read this Release and have executed the same, voluntarily adopting the word "SEAL" after my name as my seal.

THIS DOCUMENT RELEASES YOUR RIGHT TO MAKE CLAIM IF THE PARTICIPANT HAS AN ACCIDENT OR IS INJURED DURING THE PROGRAM. DO NOT SIGN IT UNLESS YOU HAVE READ IT AND UNDERSTAND IT FULLY.

Signature (SEAL)

Name (print)