

HAMILTON COUNTY CONSERVATION

PERMIT APPLICATION FORM

NAME _____ DATE _____

ORGANIZED GROUP _____

ADDRESS _____

PHONE _____ EMAIL _____

START DATE _____ END DATE _____

PERMIT BEING APPLIED FOR _____ PARK OR LOCATION OF ACTIVITY _____

- | | | |
|----------------------------|--------------------|---------------------------|
| A). Firewood Permit | E). Hunting Access | 1.) Briggs Woods Park |
| B). Handicap Trail Access | F). Fishing Access | 2.) Little Wall Lake Park |
| C). Kayak/Canoe Access | G). ATV Access | 3.) Bell's Mill Park |
| D). Organized Camping Club | | 4.) Natural Resource Area |

WAIVER OF LIABILITY

I, _____, acknowledge the risks and potential liabilities associated with permitted activities conducted and related to application of permit on County owned property. I agree to assume said risks and potential liabilities, individually and in behalf of heirs and the executor(s) or administrator(s) of estate to indemnify and hold harmless the County, its officials, staff, employees and agents from any and all liability for damages to personal property brought upon the site by or in behalf of myself and for injuries to or death to myself, agents, employees, other persons accompanying myself and entering upon the premises of the county, other authorized individuals and/or their agents or employees present at the premises of the county, or any other persons.

I have read and agree with each and every provision of the foregoing waiver, including acknowledgement of and assumption of risks and potential liabilities, and also agreement to indemnify and hold harmless Hamilton County and Conservation Department, its officials, staff, employees and agents from any claim for bodily injury or property damage resulting from activity being applied for on county property. This waiver extends beyond myself and to anyone in my party assisting in the activity being applied for.

Must be associated with an accredited organized group, and 18 years and older to obtain this special issued permit. **Email permit applications to hccblammers@wmtel.net**

Signature _____ Date _____
Permittee

PERMIT APPROVAL

Signature _____ Date _____
Director or Officer

