Sturgeon Creek Fire Permit

Name: _____ Birth Date: _____

Leland Resident? Yes _____ No _____

Address: _____

Primary Phone: _____ E-mail: _____

Date of Activity _____

Drivers License Number _____

Rules:

- Any and all fires must be contained within the designated Fire Pit
- Use of ANY fire accelerants is strictly prohibited
- Fire must be supervised at all times
- A fire extinguisher with a 4-A rating, dirt, sand, water barrel, or other water device must be available at all times for immediate use
- All other federal, state, and local laws apply
- DIAL 911 FOR ALL EMERGENCIES

In consideration of the acceptance of my application for entry into the above activity. I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which I may have, or which hereafter accrue to me, against the Town of Leland as a result of my participation in the activity. This release is intended to discharge the Town of Leland, its agents and employees, and any other involved municipalities or public entities from and against any and all liability arising out of or connected in any way with my participation in the activity, even though that liability may arise out of the negligence or carelessness on the part of persons or entities mentioned above. I further understand that accidents and injuries can arise out of the activity; knowing the risks, nevertheless, I hereby agree to assume those risks and to release and to hold harmless all of the persons or entities mentioned above to assume those risks and to release and to hold harmless all of the persons or entities mentioned who (through negligence or carelessness) might otherwise be liable to me (or my heirs or assigns) for damages. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. My signature releases the Town of Leland from any and all liability and/or obligation to me and/or my child(ren) for the use of these facilities.

_____

Signature Date

_____

Signature of Authorization Date