

CITY OF
MT. PULASKI

GOLF CART PERMIT APPLICATION

Applicant Name: _____ **Drivers License #** _____

Address: _____ **Phone:** _____

<u>Additional Operators</u>	<u>Drivers License#</u>	<u>Signed Waiver</u> ☒
_____	_____	☐
_____	_____	☐
_____	_____	☐

Golf Cart Identification

Golf Cart Make/Model: _____ **Year:** _____

VIN / Serial #: _____ **Color:** _____

Insurance Certification

Insurance Company Name: _____ **Phone #:** _____

Insurance Company Address: _____

Insurance Policy #: _____

Applicant is to include with the application a check in the amount of \$50.00 made to the City of Mt. Pulaski as the yearly Permit fee; in addition, a photocopy of applicants driver's license, photocopy of insurance and signed waiver of liability from applicant and all additional operators.

Signature of Applicant

Date

City of Mt. Pulaski Police Department:

Inspected and approved this _____ **day of** _____ **20** _____

Officer: _____ **Permit Sticker #** _____

**UNCONDITIONAL AND FULL GENERAL RELEASE OF LIABILITY, WAIVER,
DISCHARGE, AND COVENANT NOT TO SUE**

This is a legally-binding UNCONDITIONAL AND FULL GENERAL RELEASE OF LIABILITY, WAIVER, DISCHARGE, AND COVENANT NOT TO SUE made by me, _____, (hereinafter referred to as "Operator") to City of Mt. Pulaski and its Trustees (hereinafter referred to as the "City").

I FULLY RECOGNIZE THAT THERE ARE DANGERS AND RISKS TO WHICH I MAY BE EXPOSED BY OPERATING A GOLF CART ON CITY STREETS. THE FOLLOWING ARE A DESCRIPTION AND/OR EXAMPLES OF SIGNIFICANT DANGERS AND RISKS ASSOCIATED WITH THIS ACTIVITY: INJURY TO MYSELF OR OTHERS, DAMAGE TO MY PROPERTY OR THAT OF OTHERS AND DEATH OF MYSELF OR OTHERS. IN NO EVENT SHALL THE CITY BE LIABLE FOR DIRECT, INDIRECT, SPECIAL, INCIDENTAL OR CONSEQUENTIAL DAMAGES, WHETHER ARISING IN TORT, CONTRACT OR ANY OTHER LEGAL THEORY, IN CONNECTION WITH OR ARISING OUT OF OPERATOR'S USE OF A GOLF CART ON CITY STREETS.

THE OPERATOR, AS OF THE DATE BELOW, SHALL HEREINAFTER SAVE, HOLD HARMLESS AND INDEMNIFY THE CITY AGAINST ANY AND ALL LIABILITY, CLAIMS, CAUSES OF ACTION, AND COSTS OF WHATSOEVER KIND AND NATURE INCLUDING, WITHOUT BEING LIMITED TO INJURY, DAMAGE, LOSS INCLUDING DEATH, RESULTING FROM, ARISING OUT OF, OR OCCURRING IN CONNECTION WITH THE USE OF A GOLF CART ON VILLAGE STREETS.

I understand that the City has an ordinance governing the use of golf carts on City streets and hereby agree to conform with all requirements of the City ordinance at all times. I have had the opportunity to read said ordinance and my signature below acknowledges that I will comply with this ordinance and all of the applicable traffic laws of the State of Illinois at all times when operating a golf cart on City streets.

I, THEREFORE, AGREE TO ASSUME AND TAKE ON MYSELF ALL OF THE RISKS AND RESPONSIBILITIES IN ANY WAY ASSOCIATED WITH THIS ACTIVITY. IN CONSIDERATION OF AND RETURN FOR THE OPPORTUNITY TO OPERATE A GOLF CART ON CITY STREETS, I RELEASE THE CITY (AND BOARD OF TRUSTEES, EMPLOYEES AND AGENTS) FROM ANY AND ALL LIABILITY, CLAIMS AND ACTIONS THAT MAY ARISE FROM INJURY OR HARM TO ME OR OTHERS, INCLUDING DEATH, OR FROM DAMAGE TO MY PROPERTY OR PROPERTY OF ANY OTHER IN CONNECTION WITH THIS ACTIVITY. I UNDERSTAND THAT THIS RELEASE COVERS LIABILITY, CLAIMS AND ACTIONS CAUSED ENTIRELY OR IN PART BY ANY ACTS OR FAILURES TO ACT ON MY PART, INCLUDING BUT NOT LIMITED TO NEGLIGENCE, MISTAKE, OR FAILURE TO ENFORCE, SUPERVISE OR MAINTAIN.

I assure the City that there are no health-related reasons or problems which preclude or restrict my participation in this activity. I further assure the City that I have adequate health and liability insurance necessary to provide for and pay any medical costs or property damage that may directly or indirectly result from my participation in this activity, and I will indemnify and hold the City harmless for any such medical costs or property damage.

I understand that this Release means I am giving up, among other things, rights to sue the City of Mt. Pulaski, its Board of Trustees, employees, and/or agents for injuries (including death), damages, or losses I may incur or cause. I also understand that this Release binds my heirs, executors, administrators and assigns, as well as myself.

I HAVE READ THIS ENTIRE RELEASE, I FULLY UNDERSTAND IT, AND I AGREE TO BE LEGALLY BOUND BY IT.

WITNESSES:

Operator's Signature

Date

CITY OF
MT. PULASKI

GOLF CART INSPECTION FORM

Name: _____ Address _____

Steering Apparatus _____ Pass Fail

Rearview mirror _____ Pass Fail

Red reflectorized warning devices front and rear _____ Pass Fail

Slow moving emblem on rear _____ Pass Fail

Tires appear to be in safe condition _____ Pass Fail

Head lights white light visible from 500 ft. _____ Pass Fail

Tail lights red light visible from 100 ft. _____ Pass Fail

Brake lights working rear _____ Pass Fail

Turn signals working front and rear _____ Pass Fail

Seat belts for operator and all passengers _____ Pass Fail

Brakes functioning properly _____ Pass Fail

Vehicle Approved For Use _____ YES NO

Signature of inspecting officer

I.D. #

Date

To my knowledge all above equipment is & must remain in adequate operating condition.

Signature of golf cart owner

Date