

HILLBILLY TRAILS USER PERMIT APPLICATION AND LIABILITY WAIVER

PO Box 1515 Pikeville, KY 41502 **WWW.HILLBILLYTRAILS.COM**

(Please print) DAT	E	PHONE NUMBER		
FIRST NAME	LAST NAME			
DRIVERS LICENSE #		MILITARY DISCOUNT 50% - Military ID#		
ADDRESS		CITY	STATE 2	ZIP CODE
COUNTY		_EMAIL		
PERMIT (Check one)	YOUTH (Age 15 or under) \$15.00	PIKE COUNTY RESIDENT (Resident of Pike County, KY) \$10.00 per vehicle includes passengers	KY RESIDENT (All KY Counties except Pike) \$25.00 per Adult	MON RESIDENT (Out of State) \$50.00 per Adult
	ATTEN	TION: READ THE FOLLOWING STATE	MENTS CAREFULLY	
the permit null, void and COUNTY CERTIFIC. of residence will be revi ACKNOWLEDGEM unknown hazards and ri to third parties (hereins whether caused in whole and their owners, agent collectively the "Release INDEMNIFICATION participate in its activiti undersigned agrees to SA claims, actions, demand or by anyone on behalf Court. WAIVER AND RELE purchased a general use Court, Hillbilly Trails as a the dangers and, that I o DISCHARGE, HOLD HA injury, property, wrong Trail. I specifically unde conduct of the Released By signing this form appropriate as recomme	d makes it subject to re ATION: I hereby certify ewed and if found false iteNT AND ACCEPTA! isks which could result after "dangers"). Knowing or part by any conduct ites, officers, employees, and Parties"). I AGREEMENT: For a less and recreational even VE AND HOLD HARM is, expenses, liabilities (of the undersigned, as EASE OF LIABILITY: I depermit issued by a governed as landowners are in the properties of the parties of the undersigned as a sthe Parent or Guardended by the manufaction and the parent or Guardended by the manufaction and in the parent or Guarden	itutes your agreement to comply with all a vocation by the Pike County Fiscal Court (ay that on the date of this purchase that I I be, I will be subject to a civil penalty of \$100 NCE OF RISK: I understand that the us in physical or mental injury, death, damaing this, I assume any and all risks and dat of the Court and/or Hillbilly Trails and the parent, subsidiary, trustees, or affiliated and in the consideration of being permitteents, on behalf of myself and/or the minor MLESS, INDEMNIFY, AND FOREVER Dincluding reasonable attorney fees) include a result of the undersigned's participation understand that I have not been charged overnmental agency for access to public limmune from liability pursuant to KRS 41: and/or the minor, my personal represent. ND INDEMNIFY the Released Parties from the minor, my personal representations, discharging and waiving any claims of the understand the minor under the age of 18, I have used to the minor of the minor's age and size; 2) All runders and	thereinafter the "Court"). ive in the county stated above 0 dollars, plus reasonable attered to find the county stated above 0 dollars, plus reasonable attered to find the county, illness or discongers and all responsibility from the companies or divisions, in intered by the Court and/or Hillbit or, I agree to this INDEMNII DEFEND the Released Particiting Negligence claims made in in recreational events, activate on the county and and for a period of not less 1.190. By signing this form I are attives and my heirs, voluntary or and all claims, actions from use of the Trail or participate actions that I may have properly certify: 1) any machine less have been explained to the remy immediate supervision as	ve. I understand that my county orney fees and costs. in dangers such as known and ease, injury to my property and for any losses and/or damages, ssors, Vendors, Sellers, Insurers, terests and assigns (hereinafter lly Trails to use the Trail and to FICATION AGREEMENT; the es from and against any and all e or brought by the undersigned vities and use of the Trail of the stand 30 days. I agree that the exchowledge that I am aware of cily agree to RELEASE, WAIVE, are losses or damages for bodily cipation in any activities on the esently or in the future for any ender one minor in sufficient detail that and within eyesight at all times.
		Signature of applicant OR pare essed the signed statement above and wa a county approved for resident permits.		
Name	of Retailer	Signature of So	 eller	Permit Number Issued