



For Office Use Only Payment	
Ck #	_____
Ck Amount	_____
Date	_____
Rack/ Space	_____

TOWN OF WELLFLEET
Health & Conservation Department

Year – Round Address

Name: _____
 Street Address: _____
 Mailing Address: _____
 Email: _____
 Telephone (Home): _____
 Telephone (Cell): _____

Wellfleet Street Address

Street Address: _____

Description of watercraft (please circle):

Kayak Canoe

Color: _____ Make: _____

- Rack Space Season; April 1, 2023 through November 1, 2023
- As of November 6, 2023 any watercraft will be considered abandoned
- Use of this rack space is limited to the individual signing this agreement

WAIVER OF RESPONSIBILITY: (Pleasant Point Rack)

RELEASE FROM LIABILITY

I, _____, state **that I am 18 years of age or older**, and have read and understand the following:

I hereby RELEASE the Town of Wellfleet and its employees or agents (“the Town”), from any and all claims, rights of action or other forms of liability, whether for personal injury, property damage or otherwise, that may arise in connection with my use of the “Boat Rack” for storage of a watercraft, and agree, as a condition of my receipt of a permit for storage, to IDEMNIFY and HOLD HARMLESS the Town against any and all legal claims and proceedings of any type that may arise from or relate in any and all legal claims and proceedings of any type that may arise from or relate in any way to use of the Canoe Rack.

I understand that permission to use the Canoe Rack may be revoked at any time by the Town for Violation of the rules and restrictions of this permit.

Signature

Date