



Shepard State Park Annual Park
Pass Application



DATE OF APPLICATION: _____

INDIVIDUAL NAME: _____

CONTACT PHONE: _____

EMAIL ADDRESS: _____

CONTACT ADDRESS: _____

The Individual Annual Entrance Pass provides day use park entry for **SINGLE NAMED PASS HOLDER ONLY**. Pass holder may be asked to present annual pass to park employees at anytime during visit to Shepard. Replacement of lost or damaged card will result in \$1.00 replacement fee per card.

Failure to comply with all the terms of these regulations or violations of any federal, state or municipal law, ordinance or regulation in conjunction with the use of Shepard State Park will result in immediate cancellation of the privileges for Shepard State Park.

ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

I, _____, the annual pass holder as part of the consideration for use of _____, or
(Name of applicant)

otherwise using Shepard State Park and its facilities agree to assume full responsibility and liability for any and all risk if loss by theft, vandalism, destruction, or otherwise, of any and all items of personal property belonging to the organization, group or members thereof while in and about said facility, regardless of whether or not said loss relates to, or arises out of, the use of said facility and, in addition, said person or group agrees to indemnity and hold the City of Gautier, its agents and servants, and employee's harmless from and against all claims and expenses for same, including attorney fees.

This the _____ day of _____, 20____.

Authorized Signature

Issue Date: _____ Expiration Date: _____
Issued By: _____ Pass # _____
City Staff Signature