

**TOWN OF OCEAN CITY, MARYLAND
BEACH WHEELCHAIR DAY USE PERMIT & WAIVER**

Name of responsible party: _____

Permanent address: _____

Ocean City address/hotel: _____

Home telephone #: _____ Cell telephone #: _____

Driver's license #: _____ State: _____ Expiration: _____

Name of wheelchair user: _____

I, my agents, successors, personal representatives, assigns, heirs and next of kin, hereby expressly agree to indemnify, defend and hold the Town of Ocean City, its officials, officers, agents, employees, volunteers and representatives harmless from, for and against, any and all liabilities, claims, suits, demands, judgments, causes of action of any kind (at law or at equity), losses, damages, costs or charges (including attorneys' fees), related directly or indirectly to my use of a beach wheelchair, including any and all injuries incurred by the person(s) listed above and possible COVID-19 exposure while using a beach wheelchair. In consideration for this non-exclusive use of this wheelchair, I agree to use it solely on the beach within 1 block of this wheelchair box and it may not be taken into the water for ANY reason. I agree to return it to this location today by 5:00 p.m. I am responsible for the chair and repair or replacement costs of the chair should any damage occur during my use.

IMPORTANT: DO NOT DEFLATE OR INFLATE TIRE AIR PRESSURE.

Responsible party signature: _____ Date: _____

-----OFFICE USE BELOW-----

Employee: _____ Chair#: _____ Location: _____

Time out/in: _____ / _____ Condition: _____

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