

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

**IMPORTANT COVID 19 INFORMATION: USE AT YOUR OWN RISK – THIS WHEELCHAIR IS NOT  
SANTIZED BETWEEN USES. PRIOR TO USE, THE RESPONSIBLE PARTY IS REQUIRED TO SANTIZE  
THE CHAIR USING THE PROVIDED SANITIZING PRODUCTS.**

Name of responsible party: \_\_\_\_\_

Permanent address: \_\_\_\_\_

Ocean City address/hotel: \_\_\_\_\_

Home telephone #: \_\_\_\_\_ Cell telephone #: \_\_\_\_\_

Driver's license #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

Name of wheelchair user: \_\_\_\_\_

I do hereby for myself, my heirs, and assigns, waive and release any and all claims to damage against the Town of Ocean City and its agents and authorized representatives as a result of any injuries incurred by the person(s) listed above while using a beach wheel chair. 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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