

City of St. Clair Shores Department of Parks & Recreation
 2000 Stephens Drive
 St. Clair Shores, MI 48080-3109
 (586) 445-5350 Fax: (586) 445-5324
2017 BOAT WELL/KAYAK STORAGE RACK PERMIT AGREEMENT
 (PRINT or TYPE)

WATERCRAFT OWNER(S) _____

LOCATION _____ WELL/RACK NO. _____

ADDRESS _____

MAKE OF BOAT _____

CITY, MI ZIP _____

CHECK ONE:

MOTORBOAT _____ SAILBOAT _____

E-MAIL _____

KAYAK _____ PADDLE BOARD _____

TELEPHONE - HOME () _____

STATE MC NO. _____

- WORK () _____

LENGTH _____ WIDTH _____

- CELL () _____

CAR LICENSE PLATE NO. _____

EMERGENCY CONTACT:

ADDL. CAR LICENSE PLATE NO. _____

- NAME _____

BOAT WELL RENTAL FEE \$ _____

- TELEPHONE NO. _____

REFER A FRIEND INCENTIVE \$ _____

REVISED RENTAL FEE BALANCE \$ _____

I have been furnished a copy of, and have read and fully understand the terms and conditions of this Boat Well/Kayak Storage Rack Permit Agreement, its rules and regulations, and the City Ordinance Chapter 67A, Section 17, as they pertain to the rental of a city boat well/kayak storage rack and boating in the City of St. Clair Shores, and do hereby agree to abide to the terms and conditions as set forth. In consideration for the foregoing, I for myself, my executors, administrators, and assignees, do hereby release and discharge all sponsors, coordination groups, volunteers, and any individual associated with this contract for mooring of watercraft for all claim of damages, demands, actions and whatsoever in any manner arising or growing out of my lease with the City of St. Clair Shores, Department of Parks & Recreation.

Neither the City of St. Clair Shores nor the Department of Parks & Recreation guarantees the adequate depth of the water in the harbor, canal, channel or any boating facility other than that provided by the natural water level established by Lake St. Clair. There will be no refunds issued due to the lake levels.

I UNDERSTAND THAT ALL BOAT, KAYAKS AND PADDLE BOARDS MUST REMOVED FROM THE PREMISES BY OCTOBER 15 UNLESS OTHER ARRANGEMENTS HAVE BEEN MADE WITH THE HARBOR MASTER AND THAT A CHARGE OF \$20 PER DAY WILL BE ASSESSED TO ME FOR EACH DAY THE BOAT, KAYAK OR PADDLE BOARD REMAINS ON THE PREMISES.

DATE: _____

 SIGNATURE OF BOAT WELL/KAYAK STORAGE RACK LESSEE

(DO NOT WRITE BELOW THIS LINE. FOR OFFICE USE ONLY.)

PAID IN FULL - Date Paid _____ Receipt No _____ Amount Paid \$ _____

\$200 DEPOSIT PAYMENT - Date Paid _____ Receipt No _____ Amount Paid \$ _____ Balance Due \$ _____

FINAL PAYMENT - Date Paid _____ Receipt No _____ Amount Paid \$ _____

Driver's License <input type="checkbox"/>	Boat Registration <input type="checkbox"/>	Boat Insurance <input type="checkbox"/>	Car Registration <input type="checkbox"/>	Copy of Receipt <input type="checkbox"/>	Keys <input type="checkbox"/>
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