



BEAUFORT COUNTY, SOUTH CAROLINA
PASSIVE PARKS DEPARTMENT
124 LADY'S ISLAND DRIVE, BEAUFORT, SC 29907
(843) 255-2152

TRAIL WHEELCHAIR SIGNOUT FORM, WAIVER, HOLD HARMLESS AND RELEASE OF LIABILITY

For and in consideration of the undersigned individual's use of the Beaufort County's public trail wheelchair:

I, _____, am an adult over the age of eighteen (18) years; or, who is the parent and/or legal guardian of a minor under the age of eighteen (18) years; or, who is the guardian of an adult over the age of eighteen (18) years for whom the guardian's has legal responsibility, and for whom the guardian is legally authorized to sign this Waiver, Hold Harmless and Release of Liability, (herein, collectively, the "User"), User, for his or her self and their heirs and assigns, and for the person that User is the parent or legal guardian of, and their heirs and assigns, hereby assume all risks connected with or arising from the use of the County's trail wheelchair, holds the County harmless from any and all claims connected with or arising from the use of the County's trail wheelchair, and releases Beaufort County, South Carolina, their elected officials, officers, directors, agents and employees (herein, collectively, the "County") from any and all claims, demands, damages, causes of action, in any way connected with, arising from or alleged to arise from the use of the County's trail wheelchair.

The User acknowledges that the execution of this Waiver, Hold Harmless and Release of Liability by the User is a material inducement to the County for providing the User with use of a trail wheelchair and that this Waiver, Hold Harmless and Release of Liability will govern and limit the rights and liabilities of the User and the County.

_____ 1. The User agrees **prior to using the trail wheelchair, the User shall inspect the wheelchair to be used and make his or her own determination of the safety and condition of the wheelchair.** If the User determines that any part of the trail wheelchair is in any way unsafe or unsuitable for the intended use, the User shall report the same to the Beaufort County Passive Parks Director and shall not use the trail wheelchair. The User acknowledges that the User is relying solely on User's own determination as to the suitability and safety of the trail wheelchair.

_____ 2. The User acknowledges that the trail wheelchair is not designed for use on stairs and User shall not use the trail wheelchair on any stairs.

_____ 3. The User acknowledges that the trail wheelchair has a weight limit of 250 pounds, and that use of the trail wheelchair by an occupant weighing 250 pounds or more is dangerous.

The User shall not use the trail wheelchair if the intended occupant weighs 250 pounds or more.

_____ 4. The User understands and acknowledges that the use of the trail wheelchair is an activity that involves inherent risks of personal injury, including permanent disability or death, and severe social and economic loss which can arise from not only from their own actions, inactions, or neglect, but also the actions, inactions or neglect of others, or the condition of the premises or equipment used. The User acknowledges there may be risks unknown or unforeseen by the User at this time or time of actual use. The User acknowledges all these risks and affirms that this Waiver, Hold Harmless and Release of Liability governs and limits the rights and liabilities of the User and the County in connection with any such risks.

_____ 5. The User accepts personal responsibility for any damage to the trail wheelchair occurring while in possession of the User. **The User agrees to reimburse the County for any repair or replacement costs related to damage caused by the user.**

The User has read all the above information, including the waiver, hold harmless and release of liability, and User understands and acknowledges that User is voluntarily relinquishing substantial rights by signing this document.

User Signature

Date

RESERVATION INFORMATION

Reservation Date: _____

Pick Up Location (choose 1):

_____ Crystal Lake Park, 124 Lady’s Island Drive, Beaufort (Mon-Fri, 9am-4pm)

_____ Bluffton Branch Library, 120 Palmetto Way, Bluffton (Mon-Sat, 9am-4pm)

_____ St. Helena Branch Library, 6355 Jonathan Francis Senior Rd, St. Helena (Mon-Sat, 9am-4pm)

Pick Up Time: _____

Drop Off Time: _____

Name: _____

Address: _____

City, State, Zip: _____

Phone #: _____

Email: _____

Driver’s License #: _____

Credit Card #: _____

Exp Date: _____

CSC #: _____

Beaufort County Approval

Name/Title: _____

Date: _____

Signature: _____