

2024-2025 GOLF CART/MULTI-PURPOSE PASSENGER
VEHICLE ANNUAL PERMIT APPLICATION

PERMIT NUMBER _____

EXPIRATION DATE _____

PURPOSE: This application is for a permit to operate a golf cart OR multi-purpose passenger vehicle on the City of Robinson streets, in accordance with City of Robinson Ordinance Number: 2018-O-30.

APPLICATION INFORMATION

Name _____ Date of Birth _____

Address _____

Phone Number _____ Cell Phone Number _____

Liability Insurance Carrier _____

Liability Insurance Agent _____

Liability Insurance Policy Number _____

GOLF CART INFORMATION

Make _____ Model _____ Color _____

Serial Number _____ Number of Seats _____

Description of Golf Cart _____

I _____ hereby acknowledge receipt of a copy of the City of Robinson Ordinance Number 2018-O-30 and affirm that all information provided above to be true and factual.

Signature of Applicant Date: _____

Witness Signature Date: _____

UNCONDITIONAL AND FULL GENERAL RELEASE OF LIABILITY, WAIVER,
DISCHARGE, AND COVENANT NOT TO SUE

This is a legally-binding UNCONDITIONAL AND FULL GENERAL RELEASE OF LIABILITY, WAIVER, DISCHARGE, AND COVENANT NOT TO SUE made by me, _____ (hereinafter referred to as Operator) to the City of Robinson, County of Crawford (hereinafter referred to as Governmental Entities).

I FULLY RECOGNIZE THAT THERE ARE DANGERS AND RISKS TO WHICH I OR MY PASSENGERS MAY BE EXPOSED BY OPERATING A GOLF CART ON GOVERNMENT ENTITIES STREETS. THE FOLLOWING IS A DESCRIPTION AND/OR EXAMPLES OF SIGNIFICANT DANGERS AND RISKS ASSOCIATED WITH THIS ACTIVITY: INJURY TO MYSELF OR OTHERS, DAMAGE TO MY PROPERTY OR THAT OF OTHERS, DEATH OF MYSELF OR OTHERS.

IN NO EVENT SHALL THE GOVERNMENT ENTITIES BE LIABLE FOR DIRECT, INDIRECT, SPECIAL, INCIDENTAL OR CONSEQUENTIAL DAMAGES, WHETHER ARISING IN TORT, CONTRACT, OR ANY OTHER LEGAL THEORY, IN CONNECTION WITH OR ARISING OUT OF OPERATOR'S USE OF A GOLF CART ON GOVERNMENTAL ENTITIES STREETS.

THE OPERATOR, AS OF THE DATE BELOW, SHALL HEREINAFTER SAVE, HOLD HARMLESS AND INDEMNIFY THE GOVERNMENT ENTITIES AGAINST ANY AND ALL LIABILITY, CLAIMS, CAUSES OF ACTION, AND COSTS OF WHATSOEVER KIND AND NATURE INCLUDING, WITHOUT BEING LIMITED TO INJURY, DAMAGE, LOSS INCLUDING DEATH, RESULTING FROM, ARISING OUT OF, OR OCCURRING IN CONNECTION WITH THE USE OF THIS GOLF CART ON GOVERNMENT ENTITIES STREETS.

I understand that the City of Robinson has an Ordinance governing the use of Gold Carts on Governmental Entities' streets and roadways and hereby agree to conform with all requirements of the City of Robinson Ordinance at all times. I have had the opportunity to read said City of Robinson Ordinance and my signature below acknowledges that I will comply with this Ordinance and all of the applicable traffic laws of the State of Illinois at all times when operating this golf cart on Governmental Entities streets.

I, THEREFORE, AGREE TO ASSUME AND TAKE ON MYSELF ALL THE RISKS AND RESPONSIBILITIES OF MYSELF AND/OR PERSONS I MAY BE TRANSPORTING WITH THIS ACTIVITY. IN CONSIDERATION OF AND IN RETURN FOR THE OPPORTUNITY TO OPERATE A GOLF CART ON THE GOVERNMENTAL ENTITIES STREETS, I RELEASE THE GOVERNMENTAL ENTITIES, THEIR COUNCIL MEMBERS, MEMBERS, EMPLOYEES AND AGENTS FROM ANY AND ALL LIABILITY, CLAIMS, AND ACTIONS THAT MAY ARISE FROM INJURY OR HARM TO ME OR OTHERS, INCLUDING DEATH OR DISMEMBERMENT, OR FROM DAMAGE TO MY PROPERTY OR PROPERTY OF ANY OTHER IN CONNECTION WITH THIS ACTIVITY. I UNDERSTAND THAT THIS RELEASE COVERS LIABILITY, CLAIMS, AND ACTIONS CAUSED ENTIRELY OR IN PART BY ANY ACTS OR FAILURES TO ACT ON MY PART AND/OR MY PASSENGERS, INCLUDING BUT NOT LIMITED TO NEGLIGENCE, MISTAKE, OR FAILURE TO ENFORCE, SUPERVISE, OR MAINTAIN.

I assure the Governmental Entities that there are no health-related reasons or problems which preclude or restrict my participation in this activity. I further assure the Governmental Entities that I have adequate health and liability insurance necessary to provide for and pay any medical costs for myself or passengers or property damage that may directly or indirectly result from my participation in this activity, and I will indemnify and hold the Governmental Entities harmless for any such medical costs or property damage.

I understand that this Release means I am giving up, among other things, rights to sue the Governmental Entities, their Council Members, members, employees and/or agents for injuries (including death or dismemberment), damages, or losses I may incur or cause. I also understand that this Release binds my heirs, executors, administrators, and assigns, as well as myself.

I HAVE READ THIS ENTIRE RELEASE, I FULLY UNDERSTAND IT, AND I AGREE TO BE LEGALLY BOUND BY IT.

WITNESSES:

Operator's Signature

Date

Operator's Signature

Date