

Primitive Campsite Permit

Date/s _____ Campsite # _____

Name _____ Phone _____

Address _____ email _____

Auto Year/Make/Model _____ Color _____

Tag # _____ State Registered _____

Number of Guests _____ Number of Tents/Camping units _____

I release the Town of Medicine Park, and any other person acting for or on behalf of the Town Of Medicine Park, from all liability from any accident that may occur on the lands or waters of all Municipally-owned park areas, whether or not such accident is caused by negligence of the Town of Medicine Park. Said agreement shall be binding upon the heirs, executors, administrators, and assigns of said party for whom this permit is issued.

Signature

Date