LAKE COUNTY WATER AUTHORITY

LCWA Canoe/Kayak Use Application

1. **Complete application, be sure addresses and phone numbers are correct.**
2. **A refundable $50.00 deposit will be required for each canoe or kayak.**
3. **Canoes/kayaks may not be used until the completed application is approved and the deposit is paid. Make check or money order payable to the Lake County Water Authority.**
4. **Unless other arrangements are made, the deposit will be returned by mail within 7 days of the date of use, providing all equipment is returned in as good condition as received.**
5. **It is the responsibility of all visitors to conduct their activities in such a manner so as to prevent injury or loss of life to any person, and to prevent damage to the real and personal property of the Lake County Water Authority.**

Canoes are available at Crooked River, Flat Island and Lake Norris
Kayaks are available at Bourlay Historic Nature Park and Hickory Point

Name of Preserve_____ Date & Estimated Time of Use: _____

Name of Person Responsible: _____

Address: _____City, State, Zip: _____

Day Phone: (_____) -_____-_____ Evening Phone: (_____) -_____-_____

Driver's License Number: _____ - _____- _____ - _____ e-mail _____

In case of an **EMERGENCY**, please contact**: _____**

Day Phone: (_____) -_____-_____ Evening Phone: (_____) -_____-_____

Description of Vehicle: Year _____ Make_____ Color_____ License Plate #_____

Number of Canoes/kayaks requested: _____ **(canoe capacity is 700 lbs; kayak capacity is 275 lbs.)**

Number of PFD's requested:_____ (Only 2 child size PFD's available) Number of paddles requested _____

Number of Participants: under age 12 over age 12 adults

_____ _____ _____

I hereby acknowledge receiving and reading the rules and safety guidelines regarding canoe/kayak usage, and acknowledge responsibility for any damages or injuries resulting from my use of any property of the LCWA. On behalf of myself and any minors which share use of the canoes/kayaks used pursuant to this agreement, I hereby agree to indemnify and hold harmless the LCWA from any and all claims or damages of any kind resulting from the use of canoes/kayaks pursuant to this agreement.

Signature of Applicant _____

Office Use Only

Application Approved By: _____ Date: _____

Copy to: Site-resident _____Applicant _____

Canoe/Kayak Assigned Combination(s) Issued _____

Locker Assigned: A B Combination(s) Issued _____

Deposit Amount: _____CS/CK#_____ Date Received: _____

Deposit Returned: _____Mailed Deposit _____

(Customer Signature) **(Date & Staff initials)**

Comments: _____

LCWA 27351 SR 19, Tavares, FL 32778-4251 (352) 324-6141 Fax (352) 324-6364