



# FORTVILLE POLICE DEPARTMENT



714 EAST BROADWAY, FORTVILLE, INDIANA 46040

CHIEF WILLIAM N. KNAUER

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## GOLF CART INSPECTION

The owner of any golf cart must present this form to the Town Clerk for issuance of a current Golf Cart Permit. Upon approval of the Fortville Police Department as defined by Local Ordinance No. 2017-6D. It is the responsibility of the owner to review and comply with all requirements within the Ordinance. Owner must provide a photograph of golf cart to the Town Clerk upon issue of a permit.

Headlights: \_\_\_\_\_ Taillights: \_\_\_\_\_ Turn Signals: \_\_\_\_\_ Rear-View Mirror: \_\_\_\_\_

Rear Flashing Light: \_\_\_\_\_ Braking System: \_\_\_\_\_ Reflective Slow Moving Sign: \_\_\_\_\_

VIN#: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

Proof of Insurance: Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Inspection Date: \_\_\_/\_\_\_/\_\_\_ Officer Signature & ID \_\_\_\_\_

*To be completed by Town Clerk*

*Date Decal Issued: \_\_\_/\_\_\_/\_\_\_ Decal Number: \_\_\_\_\_ Photo Attached: \_\_\_\_\_*

# GOLF CART UNCONDITIONAL AND FULL 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 Owner/Operator) to the Town of Fortville (herein referred to as Town)

I FULLY RECOGNIZE THAT THERE ARE DANGERS AND RISKS TO WHICH I MAY BE EXPOSED BY OPERATING A GOLF CART ON TOWN 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 TOWN 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 TOWN STREETS.

THE OPERATOR, AS OF THE DATE BELOW, SHALL HEREINAFTER SAVE, HOLD HARMLESS AND INDEMNIFY THE TOWN AGAINST ANY AND ALL LIABILITY, CLAIMS, CAUSES OF ACTION, AND COST 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 MY USE OF THIS GOLF CART ON TOWN STREETS.

I, understand the Town has an Ordinance governing the use of qualified golf carts on Town streets and hereby agree to conform with all requirements of the Town Ordinance at all times. I have had the opportunity to read said Ordinance and my signature below acknowledges that I will comply with this Ordinance as well as all of the applicable traffic laws of the State of Indiana at all times when operating this golf cart on town streets.

I, THEREFORE, AGREE TO ASSUME AND TAKE ON MYSELF ALL OF THE RISKS AND RESPONSIBILITIES IN ANYWAY ASSOCIATED WITH THIS ACTIVITY. IN CONSIDERATION OF AND RETURN FOR THE OPPORTUNITY TO OPERATE A GOLF CART ON TOWN STREETS, I RELEASE THE TOWN (TOWN COUNCIL, 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 FROM DAMAGE TO MY PROPERTY OR PROPERTY OF ANY OTHER IN CONNECTION WITH THIS ACTIVITY. I UNDERSTAND THAT THIS RELEASE ALSO COVERS LIABILITY, CLAIMS AND ACTIONS CAUSED ENTIRELY OR IN PART BY ANY ACTS OR FAILURES TO ACT, INCLUDING BUT NOT LIMITED TO NEGLIGENCE, MISTAKE OR FAILURE TO ENFORCE, SUPERVISE, OR MAINTAIN.

I understand by signing this waiver/release, I affirm that I promise not to sue the Town of Fortville, Fortville Town Council, or Employees or Agents of the Town of Fortville for injuries including death, damages, or losses I may incur or cause. I also understand that this release binds any and all heirs, executors, administrators, and assignee, as well as myself.

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

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
WITNESS