

**Halifax Township**  
**Fort. Halifax Park Overnight Camping Permit Application & Liability Waiver**  
**-\$20.00 per night-**

Applicant/Responsible Individual: \_\_\_\_\_  
Address: \_\_\_\_\_  
Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Email: \_\_\_\_\_

Requested camping dates: \_\_\_\_\_ to \_\_\_\_\_.

Individual(s), for whom I intend to be totally responsible, who will be encamped with me (for each list name, age and relationship to Applicant):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Vehicles (make, model, color and license number of each) to be kept overnight at the Park:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**I have received a copy of the Fort Halifax Park Camping Guidelines and agree to comply therewith and with all Fort Halifax Park Rules. I agree to be legally responsible for any acts of individuals camping with me or visiting my authorized Campsite.**

**I hereby waive my right to claim compensation for any damage whatsoever to my person or property, or to the person(s) or property of those individuals named above, occurring as a direct or indirect consequence of our stay at the Fort Halifax Park, and I specifically assume all risks thereof and I hold Halifax Township harmless therefrom.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Application Approved:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Amount Received: \_\_\_\_\_

Date Received: \_\_\_\_\_

(Rev. 10/16/2013)