

Beach Accessible Wheelchair Waiver and Release of Liability Form

In consideration of use of the beach accessible wheelchair, ____

(user or guardian/parent) hereby assume all of the risks of use in participating in this activity, including but not limited to, any risks that arise from negligence or carelessness on the part of the Town of Pawleys Island, its elected officials, officers, administrator, and employees being released, from dangerous or defective equipment or property owned, maintained or controlled by them, or because of their possible liability without fault.

I acknowledge that this form will be used by the Town of Pawleys Island for the use of the beach accessible wheelchair and that it will govern the beach accessible wheelchair user and their responsibilities for its use.

- Beach accessible wheelchair user or guardian/parent of user agrees prior to participating, that wheelchair user or the guardian/parent of the user shall inspect the wheelchair and access point to be used and determine for user if wheelchair and/or access point is safe for use. If any parts are unsafe, the user shall report it to the Town of Pawleys Island officials.
- 2. Beach accessible wheelchair user or guardian/parent of user acknowledges the wheelchair is not designed for use on the stairs or for use of persons over 350 pounds.
- 3. Beach accessible wheelchair user or guardian/parent of wheelchair user release, waive, discharge and covenant not to sue the Town of Pawleys Island and all respective administrators, officers, council, and employees, all of which are referred to here and after as "releases" from any and all liability to each including but not limited to death or damage to property caused, or alleged to be caused in whole or in part by the negligence of the releases or otherwise.
- 4. Beach accessible wheelchair shall not be taken in water over 6". The chair will become positively buoyant and tipsy.

The undersigned has read all of the above information, waiver and release of liability, and understand(s) they have voluntarily given up substantial rights by signing this waiver and release of liability form.

Printed Name of Wheelchair User	Date	User Signature
Printed Name of Guardian/Parent	Date	Guardian/Parent Signature

Beach Accessible Wheelchair Sign Out Form

Date of Use:	Time of Use:		
Condition:		Initials:	
Returned Date:	Time of Return:		
Condition:		Initials:	
Required Information (Persor	n utilizing the beach acces	ssible wheelchair must complete the foll	owing)
Name:			
Driver License #:			
Local Address:			
Cell Phone #:			

**The beach accessible wheelchair is located at the South End parking lot and is not relocatable to other accesses. The user should call the Town Hall at 843-237-1698 to reserve the wheelchair for the date they would like to utilize it.