



Lake Nighthorse 2018 Season Pass Purchase Form

Required: Vehicle Passes require proof of vehicle registration at the time a vehicle pass is purchased.

Full Name: _____

Home Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

I live: Within City Limits Outside City Limits

Birthday: _____ Gender: Female Male

License Plate No.: _____

Please indicate your top recreation uses of Lake Nighthorse (1=high, 2= mid, 3= low)

- | | |
|--|---|
| <input type="checkbox"/> SUP or Kayak or Canoe | <input type="checkbox"/> Motorized Boating (including skiing or tubing) |
| <input type="checkbox"/> Sailboat | <input type="checkbox"/> Swim from Swim Area |
| <input type="checkbox"/> Fish by Motorboat | <input type="checkbox"/> Fish by Wading/Foot Access/Non-motorized Boat |
| <input type="checkbox"/> Walk/Wildlife Viewing | <input type="checkbox"/> Other _____ |

Type of Pass:

- | | |
|---|---|
| <input type="checkbox"/> Vehicle (\$70) | <input type="checkbox"/> Multiple Vehicle (\$35) |
| <input type="checkbox"/> Senior Vehicle (\$60) | <input type="checkbox"/> Senior Multiple Vehicle (\$30) |
| <input type="checkbox"/> Walk or Bike-in (\$20) | |

Waiver of Participation:

In consideration of your accepting the entries on this registration form, I hereby, for myself and my family members waiver and release any and all rights and claims for damages I may have against the City of Durango and its representatives, employees, successors and for all and any injuries suffered by myself or my family members at the above designated activities sponsored by the Parks & Recreation Department. I understand that I or my child may be photographed while engaged in recreational activities, and give permission for photographs to be used to publicize activities for the Parks and Recreation Department. I further understand that the City of Durango will not distribute such photographs to other parties or entities and will limit the use of such photographs, as stated herein.

Signature: _____

Method of Payment: Cash Check Credit Card

Vehicle Registration Confirmed _____

Staff Name: _____

Date: _____ Time: _____