



TOWN of BELVILLE

Incorporated 1977

497 Olde Waterford Way, Suite 205
Belville, NC 28451

Telephone (910) 371-2456
Fax (910) 371-2474

Brunswick Riverwalk at Belville Gate Card Key Agreement

I, the undersigned Holder of a Gate Card Key (“Key”), acknowledging that the Town of Belville (“Town”) is extending a privilege by allowing me to park my vehicle in the Brunswick Riverwalk at Belville park (“Park”) outside of its regular hours of operation, hereby agree, for myself and my next of kin, heirs, and personal representatives, as follows:

1. I agree that the Key is non-transferable and is subject to being revoked if I transfer it to another.
2. I accept, based on my understanding that the Town does not warrant the security of the Park and that the Park is not locked, secured, or guarded other than by its electronic gate, the potential risks of property damage, personal injury, and other known and unknown losses arising out of or as a result of parking my vehicle in and my use of the Park outside of its regular hours of operation.
3. Based on understanding the risks, I agree to release, waive, discharge, and covenant not to sue the Town, its elected officials, employees, representatives, agents, and assigns (collectively, the “Town Parties”) from all claims, injuries, damages, losses, or other liabilities whatsoever, known and unknown, whether caused by the Town or otherwise, arising out of or as a result of parking my vehicle in and my use of the Park outside of its regular hours of operation.
4. Based on understanding the risks, I agree to indemnify and save and hold harmless the Town Parties from any claims, injuries, damages, losses, or other liabilities whatsoever, known and unknown, whether caused by the Town or otherwise, arising out of or as a result of parking my vehicle in and my use of the Park outside of its regular hours of operation.
5. I expressly intend for this instrument to be construed as broadly and inclusively as North Carolina law provides and that if any portion is invalidated, that the balance shall remain in full force and legal effect.

Name: _____

Telephone No.: _____

Alternate Telephone No.: _____

Email Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Driver’s License (State and No.): _____

Signature: _____ Date: _____

Department Approval Signature: _____ Date: _____

Internal Use: Check No.: _____ Cash: _____ Charge: _____