



Ranger Office
11189 Spear Road
Concord OH 44077
440-358-7290

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| 2021 APPLICATION FOR FISHING GUIDE PERMIT |
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All fishing guides must register and obtain a permit from the park district prior to conducting business or operating on Lake Metroparks property.

Name of Applicant: (please print)

Organization (if applicable):

Address:

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|---------------|-------------|---------------|
| Phone: | Fax: | Email: |
|---------------|-------------|---------------|

Please submit with this application:

- One copy of current certification in basic cardiopulmonary resuscitation (CPR) and first aid.
- One copy of current Certificate of Liability Insurance. The permit holder shall maintain \$1,000,000.00 of general liability coverage per occurrence. The certificate shall name the Lake Metroparks Board of Park Commissioners as an **Additional Insured** and may be faxed (440-358-7280) directly to the Ranger Department by the applicant's insurance agent. The certificate shall be made out to:

Lake Metroparks Board of Park Commissioners
11211 Spear Rd.
Concord, OH 44077

Fax: Lake Metroparks Ranger Dept. 440-358-7280

Email: cvandusen-difabio@lakemetroparks.com

US Mail: Lake Metroparks Ranger Department
11189 Spear Rd.
Concord, OH 44077

By signing this application, the applicant agrees to hold harmless and release the Lake Metroparks Board of Park Commissioners, their individual members and all of their officers, agents, assigns, and employed from any and all loss, damage, liability, and costs or expenses as may arise, or may be caused in any way by the use and occupancy of Lake Metroparks owned or managed property under this agreement. Applicant expressly assumes all responsibility for any loss, damage or liability arising from use of the facility, equipment or areas used by applicant, its agents, representatives, employees, contractors or subcontractors.

I have read and understand the above conditions and attached rules established for the safe use of the recreation/park area, facility, or equipment, and by my signature, agree to abide by them.

Signature of Applicant

Date