

**AUGLAIZE COUNTY BOARD OF COMMISSIONERS'
FIREWOOD REMOVAL PERMIT**

Permittee's Name: _____

Address: _____ Phone: _____

Volume of Firewood Authorized for Removal: _____ Permit Date: _____

Permit Processing Fee: _____ Check/M.O.#/Cash _____

This permit authorizes the removal of firewood from the following location: County Woods off of St. Rt. 501, Wapakoneta, OH

FIREWOOD REMOVAL IS SUBJECT TO THE FOLLOWING CONDITIONS:

1. A copy of this permit must be in permittee's possession while gathering and/or transporting firewood.
2. Permittee is authorized to remove only the amount of firewood noted above.
3. Firewood obtained under this permit is restricted to the personal use of the permittee and any sale of firewood so obtained is forbidden.
4. Permittee must conduct removal of firewood without causing damage to county property. Failure to do so will result in revocation of permit and assessment of damages to permittee.
5. The processing fee associated with the issuance of this permit is nonrefundable. If conditions are unfavorable and removal of firewood is not possible for the day such permit is valid, Permittee understands the processing fee shall be forfeited.
6. Permittee agrees to sign the Firewood Removal Program Release and Waiver Form attached hereto.
7. Compliance with the conditions of this permit does not relieve the permittee of compliance with all other rules and regulations applicable to the County Woods.
8. By signing this permit, permittee acknowledges the dangers and assumes all risks associated with firewood removal and represents that he as read and understands the terms and conditions of this permit and agrees to comply with these provisions.
9. All persons participating in this program with the permittee agree to sign the Firewood Removal Program Release and Waiver form attached hereto. Please note that permittee is only permitted to have two additional persons participating in the removal of firewood under this permit.

Signature of Permittee

Date

County Administrator

Date

We accept checks, cash or money orders
Please make checks or money orders out to: Auglaize County Treasurer

FIREWOOD REMOVAL PROGRAM-RELEASE AND WAIVER

In consideration of permission and the privilege of being allowed to participate in the firewood removal program sponsored by the Auglaize County, at County Woods off of State Route 501, Wapakoneta, Ohio, I, intending to be legally bound, hereby, for myself, my heirs, executors and administrators, voluntarily assume all risks of accident or injury and release and forever discharge Auglaize County, and its employees, officers and agents from any and all liability for personal injury or property damage of any kind sustained in association with participation in the Firewood Removal Program, whether such personal injury or property damage is caused by the negligence of Auglaize County, or its employees, officers, or agents or otherwise.

I further covenant and agree to indemnify and hold harmless Auglaize County, its employees, officers and agents, from liability, loss and expense, including but not limited, damages, legal expenses and cost of defense in any matter arising from my participation in the Firewood Removal Program.

Date

Participant (Signature)

Participant (Signature)

Participant (Signature)

Participant (Print)

Participant (Print)

Participant (Print)

PARENTAL CONSENT-RELEASE and WAIVER

I/we, the undersigned, parent(s) and/or guardian(s) of _____ (name of minor), a minor under the age of eighteen (18), do hereby grant permission for said minor to participate I the Firewood Removal Program sponsored by Auglaize County, at County Woods, off of State Route 501, Wapakoneta, Ohio. In consideration of permission and the privilege of said minor being allowed to participate in the Firewood Removal Program, I/We, intending to be legally bound, hereby, for myself/ourselves, my/our heirs, executors and administrators, voluntarily assume all risks of accident or injury on behalf of said minor and release and forever discharge Auglaize County, and its employees, officers and agents from any and all liability for personal injury of property damage of any kind sustained in association with participation in the Firewood Removal Program, whether such personal injury or property damage is caused by the negligence of Auglaize County, or its employees, officers, or agents, or otherwise.

I/We covenant and agree to indemnify and hold harmless Auglaize County, its employees, officers and agents, from all liability, loss and expense, including but not limited to, damages, legal expenses and cost of defense, in any matter arising form the participation of said minor in the Firewood Removal Program.

Date

Minor (signature)

Minor (print)

Parent/Guardian (Signature)

Parent/Guardian (Print)

Parent/Guarding (Signature)

Parent/Guardian (Print)