

Permit No. _____
Date Issued: _____



Application for Hiking/Walking Trail Permit

Name: _____

Mailing Address: _____

Subdivision: _____

Telephone Numbers _____

Home _____

Cell _____

Office _____

Email _____

Family Members Names _____

Automobile Information

Make: _____

Model: _____

License Tag Number: _____

Date Expired: _____

Color: _____

Release of Liability

I understand I am using the "Hiking/Walking Trails" in Flowers Plantation **At My Own Risk.**

I understand that use of the trail is confined to daylight hours.

I understand that a permit must be carried with hikers/walkers at all times while on the trail.

I, will not hold Flowers Plantation responsible for any damages, accidents, or theft that may occur while using her property in conjunction with the "Hiking/Walking Trail," ponds, or Parking Lot.

I understand that **all children must be accompanied by an adult.**

I understand that ATV's, golf carts, other motorized vehicles, inline skates, roller skates, and skate boards **may not be used on the hiking/walking trails.(Unless participating in a club event that is monitored.)** No pets are allowed!

_____ Print Name

_____ Signature _____ Date

State of North Carolina
County of Johnston

I, _____, a Notary Public in and for said county and state do hereby certify that _____ personally appeared before me this day acknowledged the due execution of the foregoing instrument.

This the ____ day of _____, 20__.

My commission expires: _____

Notary Public