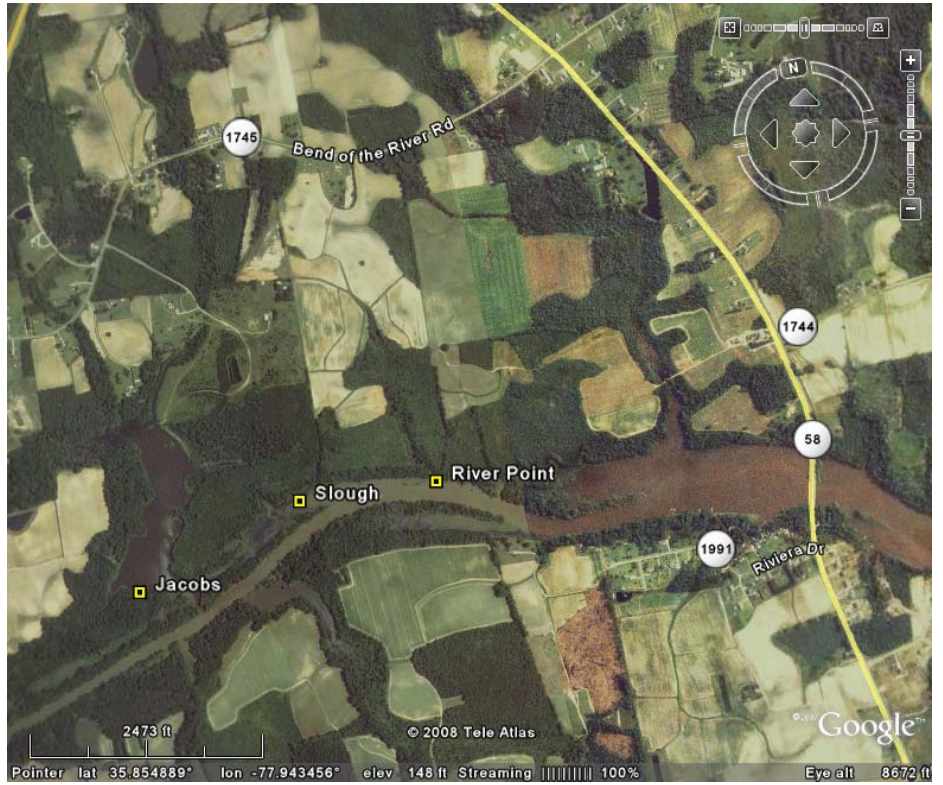


2009-2010 hunting season dates and locations

Dates are subject to change prior to September 5 to reflect actual season dates released by USFWS.

Tues	Sat
17-Nov Slough Jacobs	21-Nov River Pt Jacobs
24-Nov River Pt Slough	28-Nov Slough Jacobs
1-Dec River Pt Jacobs	5-Dec River Pt Slough
22-Dec Slough Jacobs	26-Dec River Pt Jacobs
29-Dec River Pt Slough	2-Jan Slough Jacobs
5-Jan River Pt Jacobs	9-Jan River Pt Slough
12-Jan Slough Jacobs	16-Jan River Pt Jacobs
19-Jan River Pt Slough	23-Jan Slough Jacobs
26-Jan River Pt Jacobs	30-Jan River Pt Slough
Yth 2/6/10 River Pt Slough Jacobs	



City of Rocky Mount Parks and Recreation Waterfowl Blind Application

Complete the information below in its entirety, a copy of your valid NC hunting license, a copy of your valid and signed Federal duck stamp, the signed release form, include the \$5 application fee (no cash please) and mail to:

**Outdoor
PO
Rocky**

**City of Rocky Mount
Recreation –Duck
Box 1180
Mount NC 27802-1180**

Name _____ Age _____

NCDL# _____ Home telephone _____

Address _____

E-mail _____

Blind	Date*	Location
Choice #1	___/___/___	_____
Choice #2	___/___/___	_____
Choice #3	___/___/___	_____
Choice #4	___/___/___	_____
Choice #5	___/___/___	_____

*Blinds are available on each Tuesday and Saturday of waterfowl season after November 1

**CITY OF ROCKY MOUNT
PARKS AND RECREATION WATERFOWL BLIND PROGRAM
RELEASE, INDEMNITY, ACKNOWLEDGEMENT AND ASSUMPTION OF RISK**

IN CONSIDERATION of the participation of the undersigned in the Parks and Recreation Waterfowl Blind Program (the "Program") sponsored by the City of Rocky Mount, the undersigned, for myself, my heirs, executors, administrators, personal or legal representatives, successors and assigns, hereby agree to:

(i) RELEASE, WAIVE and FOREVER DISCHARGE the City of Rocky Mount, its elected officials, officers, employees, and agents (collectively the "City") from any and all claims, losses, damages, or liability (present and future), on account of injury to my person or property, including injury resulting in my death, arising out of, or in any way connected with, my participation in the Program, including, without limitation, to the extent permitted by law, any claim, loss, liability, or damage related (directly or indirectly) to acts or omissions (negligent or otherwise) of the City; and

(ii) INDEMNIFY, DEFEND and HOLD HARMLESS the City from and against any and all claims, losses, liability, and damages (present and future) and all cost, charges, and fees (including reasonable attorneys fees) related thereto, arising out of, or in any way connected with, my participation in the Program, including, without limitation, to the extent permitted by law, any claim, loss, liability, or damage related (directly or indirectly) to acts or omissions (negligent or otherwise) of the City.

I understand that participation in the Program involves the risk of injury or death, and by executing this Release, Indemnity, Acknowledgement and Assumption of Risk (this "Release"), I acknowledge and assume all risk of injury or death resulting from participation in the Program.

I further agree that if any term or provision of this Release, or the application thereof, to any person or circumstance shall, to any extent, be deemed invalid or unenforceable, the remainder of this Release, or the application of such term or provision, to person or circumstances other than those to which it is held invalid or unenforceable, shall not be affected thereby, and each term and provision of this Release shall be valid and enforceable to the fullest extent permitted by law.

I have carefully read this Release and have executed the same voluntarily adopting the word "SEAL" after my name as my seal.

THIS DOCUMENT RELEASES YOUR RIGHT TO MAKE A CLAIM IF THE PARTICIPANT HAS AN ACCIDENT OR IS INJURED DURING THE PROGRAM. DO NOT SIGN IT UNLESS YOU HAVE READ IT AND UNDERSTAND IT FULLY.

_____(SEAL)
Signature

Name (print)