

**CAROLINA TRACE PERSONAL VEHICLE E-PERMIT
INFORMATION APPLICATION FOR THE NORTH BACK-GATE**

Electronic vehicle stickers (E-Sticker) are provided specifically for the North Back-Gate to qualified vehicles of resident property owners for a fee of \$20. This E-Sticker allows vehicle access to Carolina Trace through the North Back-Gate only, for as long as the sticker is activated and when the automatic gate is operational, open and available for resident traffic. The E-Sticker is, and remains the sole property of the Carolina Trace Association, Inc., and it may be deactivated or revoked by the Safety and Security Committee for failure to abide by the North Carolina Rules of the Road, failure to heed any road signs or the posted speed limits or failure to follow authorized directions from security personnel or any other traffic infraction as judged at the sole discretion of the Safety and Security Committee. The E-Sticker is not transferable to any vehicle to which it was not issued. Using the north exit gate is a privilege and is subject to revocation for any reckless, careless or similar behavior at the north gate, including tailgating, using the outward gate to enter, driving around the entrance gate or actions that would endanger any children at any time but especially during the loading and unloading of busing operations, or the endangerment of other pedestrians or vehicles.

By signing below, the applicant agrees to abide by all terms of this application.

Complete ONE application for EACH Vehicle

Please type or legibly print the information

NAME _____ LOT NUMBER _____ POA _____

(if other)
ADDRESS _____ HOME PHONE _____

CITY _____ STATE ____ ZIP _____ CELL PHONE _____

Vehicle Information:

MAKE _____ MODEL _____ YEAR ____ COLOR _____

LICENSE PLATE _____ STATE OF REGISTRATION _____

WAIVER AND RELEASE OF LIABILITY FORM

I HEREBY ASSUME ALL OF THE RISKS ASSOCIATED WITH THE USE OF THE NORTHERN RESIDENT BACK-GATE IN CAROLINA TRACE ASSOCIATION, INC. including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of Carolina Trace Association, Inc., the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by Carolina Trace Association, Inc.

In consideration of my application and permitting me to use the Back-Gate, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE FROM ANY AND ALL LIABILITY, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, **THE FOLLOWING ENTITIES OR PERSONS:** Carolina Trace Association, Inc, (CTA) and/or their directors, officers, employees, volunteers, representatives, and agents,

(B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of use of the Back-Gate.

I acknowledge that CTA and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I understand while using the Resident Back-Gate that I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the CTA or its assigns.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Resident's Signature
(Please print legibly.)

Date

Resident's Name

SECURITY AND RECIPIENT WILL COMPLETE THE SECTION BELOW

PERMIT NO. _____ ISSUED BY _____

DATE _____ RECEIVED BY _____ DATE _____