

TOWN OF NORTH TOPSAIL BEACH

BEACH WHEELCHAIR & WALKER INFORMATION & APPLICATION



The Easter Seals of North Carolina, the Kate B. Reynolds Foundation, the Bostic family of North Topsail Beach and Onslow County have provided this recreation equipment for the enjoyment and convenience of all beach-goers. Please understand that this equipment is available on a first come, first serve basis and must be returned daily. This equipment is available for use during normal business hours, **Monday through Friday 8am to 4pm**. When possible, special arrangements may be made to allow for evening and weekend use (call ahead during normal business hours at 910-328-0042).

- *The borrowing party will be held responsible for any damages that may incur to this piece of equipment while in their possession. Please inspect this piece of equipment before removing from the Town Hall and report any damages you may find.*
- *The borrowing party is responsible for the pick-up and return of this piece of equipment.*
- *This piece of equipment must be cleaned prior to returning.*
- *This document must be filled out completely and signed by responsible party.*
- *User understands the Town of North Topsail Beach assumes no liability for any injuries or damages while using this piece of equipment.*

Rev. 1/10/2014

Beach Wheelchair Application

Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: _____ **Cell Phone:** _____

Drivers License Number & State: _____ / _____

If the above information is not local, please fill out below.

Local Address: _____

Local Phone: _____

I, _____, by signing this document am stating
(print name)

that I understand, and agree to the listed regulations and guidelines in this application regarding the use of the beach wheelchair and walker.

Signature: _____ **Date:** _____

(OFFICE USE ONLY)

Date & Time Out: _____ / _____ **Date & Time In:** _____ / _____

Chair Type _____ **County** / _____ **PVC** / _____ **Walker**