

The City of Delmar
"Small town, Big Vision!"
508 Main Street
P.O. Box 175
Delmar, IA 52037
1 (563) 574-4256 (Office)
delmarc@fbcom.net
www.delmaria.org

ARCHERY RANGE PERMIT APPLICATION

Applicant Name: _____

Applicant's mailing address: _____

Physical address for permit: _____

Phone Number: _____ E-mail : _____

Please include the following items with your application

Proof of Insurance attached ___ Copy of ID ___ Landlord's signed waived/insurance ___

IMPORTANT RULES AND INFORMATION

1. Must provide proof of liability insurance..
2. If the person applying for the permit is a tenant, the property owner who is shown as the registered owner with the Clinton County Beacon Schneider website will be required to provide proof of insurance, and sign off to allow the tenant to apply.
3. This permit is only valid for the person listed on the permit at the address listed on the permit. The permit is non-transferable to another address or person.
4. City Council reserves the right to approve or deny a permit.
5. First Permit expires 1 calendar year from the date of issuance. If there are no issues or complaints, the Second Permit will expire 5 years from the date of issuance.
6. Any complaints regarding the actions of the permit holder in relation to the archery range are required to be written, signed and submitted to the City Clerk to be presented to the City Council at the next available scheduled Council Meeting.
7. The minimum age for a permit to be issued to a permittee is 18.
8. Proof of Id (Drivers license).
9. Permittee may allow an underage person to target practice in their presence at the address permitted.
10. Permit may be revoked with a written notice of violation by the City of Delmar or Clinton County Sheriff's office for any violation of the Delmar City Code. Permittee may appeal in writing to the Delmar City Council.
11. Permittee understands that the permit is for target practice only and not active hunting.
12. Ranges will be operated during daylight hours only.
13. The archery range permit must be presentable upon request.
14. Applicant acknowledges that in the event conditions change near or on the property where a range is approved, which would detract from the safe operation of the range or create violations of any conditions of the permit or any detriment to the public safety, it will be the responsibility of the owner to cease target practice and notify the city council immediately.

I, _____, **have read and agree to the archery range permit rules and regulations** .
_____ (Signature). Date ___/___/___.

WAIVER

I, _____, hereby fully waive and release the "Releasee" the City of Delmar, and affiliated

officials and employees, from any and all claims for personal injury, monetary loss, property damage, or death that may result from the use of an archery range. I hereby voluntarily, at my own risk, agree to the waiver and assumption of risk in sole consideration of receiving a permit for the use of an archery range. Agreement to this waiver and assumption of risk, I fully assume the dangers and risks and agree to use my best judgment while engaging in those activities. I further agree to indemnify and hold harmless the City of Delmar, it's employees, agents, officers, and citizens from and against any and all liability incurred as a result of or in any manner related to my participation in the activities or services offered. In consideration of the issuance of an archery range permit by the City of Delmar, the undersigned hereby releases the City of Delmar from any and all liability for damage or injury which the undersigned may incur as a result of the actions of the City. In further consideration the issuance of such permit, the undersigned agrees to indemnify, hold harmless and defend the City of Delmar from and against any and all claims, suits or damage awards made or rendered against the City, including those based upon the City of Delmar's negligence, including any attorney's fees incurred by the City of Delmar in defending same, resulting from the archery permit.

I have read and agree to this waiver and hereby submit my application.

Printed Name: _____

Signature : _____ **Date** __/__/__

OFFICE USE ONLY

Permit is: Approved ___ Denied ___ (Denial

Reason: _____)

Permit decision on __/__/__ by a majority vote of the City Council.

Permit issued to : _____ Property Address: _____

Delmar, IA 52037
