



PARKS & RECREATION
 AGUA HEDIONDA LAGOON Year of 2023

PERMIT APPLICATION

Office Use Only

PERMIT NO. 23-

Read back page prior to filling out all yellow areas of form

OWNERS' NAME (last) (first) (initial)

ADDRESS CITY ZIP

EMAIL HOME PHONE CELL/WORK PHONE

PERMIT FOR: (choose all that apply)

Powerboat..... Make: _____ Length: _____
 PWC..... (Under 12" in length)
 Sailboat..... Length _____ (18' max. for ALL passive vessels)
 SUP.....
 Kayak.....
 Other (describe) _____ Length _____

POWER VESSEL REGISTRATION NUMBER: C F _____
 (Required for all powered vessels and sailboats over 8 feet)

Power Vessel Launch Facility Permit #: (Choose One) California Water Sports # Bristol Cove #

AGUA HEDIONDA LAGOON AGREEMENT

In consideration of the issuance of a permit to use Agua Hedionda Lagoon, I/we agree to indemnify and save harmless the City of Carlsbad, and its officers and employees, from and against any and all claims, demands, liabilities, or losses of any kind or nature which the City, its officers, or employees may sustain or incur or which may be imposed upon them for injury to or death of persons or damage to property as a result of or arising out of my/our use of Agua Hedionda Lagoon including any injury or death to me/us or my/our family, or damage to my/our property. I/We further agree to pay any and all costs and reasonable attorneys' fees incurred by the City on account of any such claims, demands, liabilities, or losses. This agreement shall not apply to claims, demands, liabilities or losses proved to have been caused solely by the active negligence or intentional misconduct of the city or its officers or employees. In executing this agreement, I/we accept all risks present in using the Lagoon including but not limited to risks created by the use of the Lagoon by others, or from the condition of the Lagoon surface, bottom or shoreline, except to the extent that those risks are created by active negligence of the City or its officers or employees.

SIGNATURE (Registered/legal owner) **DATE**

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VERIFY: CWS# _____ BC# _____ DMV Reg. _____ (Choose One) - Resident Non-Resident

FEE: \$ _____ = \$ _____ Paid by: Check/Cash/Charge

Choose all that apply -

Annual Power	Add'l Power	Annual Passive	Add'l Passive	Replacement
				

Permit Issued: (Choose One) Temporary Annual
 Dates: from - to _____ by _____ Date _____ by _____

