

**PERMIT FOR OVERNIGHT CAMPING  
TRAIL'S END HOMEOWNERS ASSOCIATION, INC. T.L. SMITH PARK**

<b>MEMBER:</b>	<b>ADDRESS:</b>
<b>CITY:</b>	<b>STATE:</b> <b>ZIP:</b>
<b>TRAILS END LOT NUMBER:</b>	<b>VEHICLE LICENSE NO:</b>
<b>DAYTIME PHONE:</b> <b>EVENING PHONE:</b>	<b>NUMBER OF GUEST:</b> <b>NUMBER OF TENTS:</b>
<b>DEPOSIT AMOUNT:</b>	<b>CHECK #:</b>
<b>PERIOD OF PERMIT: BEGINNING DATE, HOUR:</b>	<b>ENDING DATE, HOUR:</b>

**Camping will only be use of tent, Pop-up and Camper shell. No provisions for water, wastewater, or electric to camp sites. No hoses or cords are to be extended to sites form Park Facilities**

**Camping Fee Schedule:**

***Member free plus \$5 per night per guest (this includes 1 tent, popup, or camper shell)***

***Additional tents will be an additional \$5 per night Fee***

***Deposit is an amount equal to the total camping charge. (Deposit is returned if no damage)***

***Each Permit is limited to 5 days. (member would not be able to apply again for 30 days)***

I understand that there is not a life guard or supervision of the park area facilities. I accept responsibility to help maintain and/or upgrade the community, the park, the recreation area, and common grounds.

**I hereby release Trails End Homeowner's Association ( TEHOA ) , it's officers and members from any and all liability including but not limited to any accident or injury to myself, my family or my property and AGREE TO INDEMNIFY AND HOLD HARMLESS TEHOA from any and all claims or suits brought forth for damages from myself , my family AND my guest including but not limited to Personal injury or Property damage and any and all court cost and reasonable attorney fees incurred in defending or paying any such claim or suit.**

I have received a copy of and understand the Association By-Laws and Park Rules and Regulations and agree to abide by those laws and park rules. Further, I agree to reimburse Trails End Homeowners Association, Inc. for any damages incurred due to negligent actions by myself or my guests during the period of this membership. In the event that I do not fulfill my agreement of the above, I agree that my membership and privileges may be rescinded. I will contact a member of the board and accompany that person for a physical inspection of the premises within 24 hours of the expiration of the permit. I understand that this overnight camping fee is not refundable. I understand that I will be financially responsible for any damages or repairs necessary to restore the property to its original state, and there has been no violation of park or Association rules.

I certify that I am a member in good standing of the Trails End Homeowners Association.

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(Member Signature) (Date)

**AUTHORIZED:**

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(Director or Board Member's Signature) (Date)

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