



880 NW Airport Rd
Chehalis, WA 98532
360.748.1230 phone
360.740.0954 fax

<http://ci.chehalis.wa.us/airport>

Chehalis-Centralia Airport Courtesy Car Agreement

Release of Liability (After reading – please initial) _____ <-----

In consideration for being permitted to participate in this program, I, the undersigned, agree to indemnify and forever hold harmless the Chehalis-Centralia Airport, and all subsidiaries, their officers, and employees from and against any and all damages, losses, claims, actions, demands, liabilities, whatsoever and from all expenses and costs (including but not limited to attorney's fees) arising in connection with or related to my use, in any manner, of any vehicle in this program.

Assumption of Risk (After reading, please initial) _____ <-----

I, the undersigned, further agree to reimburse the Chehalis-Centralia Airport all costs relating to the repair or replacement of this borrowed vehicle or any portion, part, or accessory thereof, which may be damaged, lost or stolen while in possession or control. I agree to reimburse the Chehalis-Centralia Airport promptly for any damages. I understand that this vehicle is neither leased nor rented to me and that I have merely revocable permission to the same.

I, the undersigned, assume all risks, perils, and dangers in the operation of this vehicle, and agree that I will, at my own cost and expense, maintain primary personal injury and property damage liability insurance coverage for the use and operation of said vehicle during the time it is in my possession, and until it is returned to the Chehalis-Centralia Airport. I am advised to contact my own insurance agent or broker to verify that I am protected by my own insurance within the terms and conditions of this agreement.

Warranties and Representations (After reading, please initial here) _____ <-----

I, the undersigned, also certify under penalty of perjury that I hold a valid, current Drivers License or equivalent to operate the vehicle(s) described below, and that I am not taking any drugs or medication that would affect my driving ability, nor do I have any medical condition that would affect my driving ability. I will operate this vehicle in accordance with all laws and regulations, only in the manner for which it was designed and intended.

I AM DULY QUALIFIED AND EXPERIENCED IN THE OPERATION OF THIS PRODUCT:
I HAVE A VALID, UNREVOKED LICENSE TO OPERATE THE PRODUCT ON THE HIGHWAYS.

Name: _____ Date: _____

Driver's License Number _____ Phone # _____