Form 1. Application for use of an electric personal mobility device, other than an electric wheelchair, on the Hockhocking Adena Bikeway

Applicant: _______________________________ DOB ___________ Sex ___F ___M

Address: _______________________________ City: ______________

State: __________ Zip Code: __________ Daytime Phone Number: __________

Electric Personal Mobility Device Information

Make: __________________ Model: __________________ Range: __________

Horsepower or Output: __________________ Maximum Speed: __________________

Carrying Capacity: ______________ Lbs. Dimensions: L ______ W ______

I, ____________________________, on this date of __________________ hereby release
(Print Name)

Athens County Commissioners and/or the Hockhocking Adena Bikeway Advisory Committee are absolved of all responsibility for the use and operation of aforementioned electric personal mobility device. By signing this request, I agree to hold harmless and release the Athens County Commissioners and Hockhocking Adena Bikeway Advisory Committee, their individual members and all their agents and employees, from any and all loss, damage, liability, and costs or expenses as may arise, or may be caused in any way by the use and occupancy of County owned or managed property under this agreement. I accept any and all responsibility of said electric personal mobility device. I also agree to follow all Hockhocking Adena Bikeway Rules and Regulations, and applicable state laws and local ordinances, pertaining to the use of Athens County trails and the operation of an electric personal mobility device. I understand that this permit shall be valid for a period of one year, from the below-entered date or until recovery as outlined in physician’s prognosis, which ever is shortest. Permit must be displayed on the electric personal mobility device at all times in the location designated by the Hockhocking Adena Bikeway Advisory Committee. Permit is non-transferable. Furthermore, I understand that violation of terms and conditions of permit may result in minor misdemeanor citation and/or revocation of the permit.

I have read and understand the above conditions, and by my signature, agree to abide by them.

Signature of Applicant ___________________________ Date ______

Subject to acknowledgment of above conditions and physicians confirmation of disability (Form 2), use of an electric personal mobility device is: Approved ___ Denied ___

Permit# __________ Date: beginning __________ ending __________

Permit Authorizing Signature ___________________________ Date ______

Submit Applications to: Hockhocking Adena Bikeway, 28 Curran Drive, Athens, OH 45701
Office: 740-594-6069, Fax: 740-594-6343