

E-mail or fax this form to:
gagnew@villagebhi.org
or (910) 304-6088

VILLAGE OF BALD HEAD ISLAND PUBLIC SAFETY BEACH WHEELCHAIR RESERVATION AGREEMENT & RESERVATION FORM



Beach Wheelchair Reservation Agreement

- 1) The Beach Wheelchair (BW) shall be reserved through staff at the VBHI Public Safety Building on Edward Teach Wynd. A reservation log and reservation calendar shall be maintained at that office.
- 2) Individuals making reservations shall be 18 years of age or older, hold a valid driver's license, and shall be responsible for transporting the BW to and from the Public Safety Department to their point of use/and or an island residence.
- 3) At the time of checkout, the individual shall post a deposit of \$1,000.00 in check form, made payable to the Village of Bald Head Island. The BW shall be cleaned and in satisfactory condition upon return. When returned, all parts of the BW will be inspected. The deposit will be returned to or destroyed at the direction of the reserving individual.
- 4) Individuals checking out the BW agree to keep control over the use of the BW and maintain it in a secure environment, particularly during inclement weather and at night.
- 5) Misuse or destruction of the BW will be considered damages to the Village Property and subject to applicable laws pertaining to such misuse or damage. Forfeiture of the deposit may occur to compensate for misuse or damage.
- 6) The Village of Bald Head Island and its departments shall not be liable for the personal injury incurred while the BW is in the possession of the reserving individuals or representative(s).

Rev. 5/21/2020

Beach Wheelchair Reservation Form

Name: _____

Address (on- island) _____

Requested reservation dates _____

Address (home/permanent) _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Driver's License Number & State: _____/_____

Name of Party Using BW: _____

Address (on-island): _____

I certify that the information stated above is true and I agree to all the terms of the Village of Bald Head Island Public Safety Beach Wheelchair Reservation Agreement, and if I request one, I have a copy of this agreement.

Signature: _____ Date: _____

(OFFICE USE ONLY)

Date & Time Checked-Out: _____/_____/_____

Umbrella Checked Out: ___ Yes ___ No Returned: ___ Yes ___ No

Date & Time to be Returned: _____/_____/_____

\$1,000 Deposit Received: ___ Yes ___ No Check# _____

Date & Time BW was Returned: _____/_____/_____

Deposit Returned? Y N Destroyed? Y N Deduction \$ _____