

**Accident Waiver and Release of Liability to Operate  
Golf Carts and Utility-Terrain Vehicles in the  
Village of Tilton**

Golf Cart/UTV #: \_\_\_\_\_

I acknowledge that operating a golf cart or utility-terrain vehicle on Village of Tilton Streets, alleys and/or sidewalks carries the potential for injury, death, and property loss. The risks include, but are not limited to those caused by terrain, facilities, temperature, weather, condition of equipment, vehicular traffic, actions of other people including, but not limited to pedestrians (to whom I am required to always yield the right-of-way at all times), bicycles, skateboards. I hereby assume all the risks of operating a golf cart or utility-terrain vehicle on Village of Tilton streets, alleys and/or sidewalks.

I hereby take action for myself, my executors, administrators, heirs, next of kin, successors and waive, release and discharge the Village of Tilton and/or its officers, employees, and the County of Vermilion from any and all future claims of liability and/or property damage from my operation of a golf cart or utility-terrain vehicle on Village of Tilton Streets, alleys and/or sidewalks.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

Witness

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Relationship or Employer: \_\_\_\_\_

# Tilton Police Department

## Golf Cart/ UTV Check List

This form will be filled out upon Inspection.  
This form is included as a check list for the Owner of the vehicle.

### Owner Information

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Drivers Lic #: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

### Vehicle Information

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

VIN#: \_\_\_\_\_ Color: \_\_\_\_\_

### Insurance Information

Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### Emergency Contact

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Required Equipment

Head Lights: \_\_\_\_\_ Tail lights: \_\_\_\_\_ Brake Lights: \_\_\_\_\_

Rear view Mirror: \_\_\_\_\_ Slow Moving Vehicle Triangle \_\_\_\_\_

Inspecting Officer/ Agent: \_\_\_\_\_ Badge #: \_\_\_\_\_

Date: \_\_\_\_\_