



# COUNTY OF WARNER NO. 5

PO BOX 90  
300 COUNTY ROAD  
WARNER, AB T0K 2L0

Phone: 403-642-3635  
www.warnercounty.ca

## County of Warner Golf Cart Permit Application

Registration Information		
<b>Owner Information</b>		
Name:		
Mailing Address:		
City/Town:	Province:	Postal Code:
Phone:	Email:	
Driver's Licence #:	Class:	
<b>Golf Cart Information</b>		
Make:	Model:	
Year:	Colour:	
Number of Seats:	Fuel/Power Source:	
Serial Number:		
<b>Insurance Information</b>		
Company:	Policy #:	
Expiry Date:	Copy Attached:	
<b>Acknowledgement</b>		
I agree to abide by all conditions of the Traffic Safety Act, the Pilot Project (Golf Carts) Regulation, and the County of Warner Pilot Project (Golf Cart) Bylaw, all as amended from time to time. By obtaining this permit, I agree that I am liable as the owner of the golf cart for any use contrary to these rules and regulations. I further understand that my permit may be revoked or cancelled at any time for non-compliance. I assume all risk and liability associated with the operation of this golf cart for myself and all operators and passengers. I agree to indemnify and hold harmless the County of Warner, its agents, or employees from all claims, damages, and expenses (including legal fees on a solicitor and own client basis) resulting from the operation of a golf cart, including damages, claims, and expenses resulting from damage to property, personal injury, or death.		
Owner Signature:		

For Office Use	
Date:	Permit #:

The personal information on this form is collected under Alberta's Freedom of Information and Protection of Privacy Act (FOIP) and will be used for the purpose of carrying out your request and issues related to the request. Should you have any questions regarding FOIP please phone 403-642-3635.