



## UAS Registration Form

### Owner Information:

Name of Owner: \_\_\_\_\_

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

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

Home telephone no. \_\_\_\_\_

Mobile telephone no. \_\_\_\_\_

### Unmanned Aircraft System (UAS) Information:

Make of UAS: \_\_\_\_\_

Model of UAS: \_\_\_\_\_

Serial no. of UAS: \_\_\_\_\_

Alternative Identification if Serial No. unavailable: \_\_\_\_\_

### Proof of Insurance:

Name of Insurance carrier: \_\_\_\_\_

Copy of Insurance card or other proof attached:  Yes  No

### Annual Registration Fee (\$50.00):

Fee paid  Yes  No

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

**Liability Waiver**

I will indemnify and hold harmless the Fox Valley Park District from any and all claims, demands, actions, or suits arising out of or in connection with the operation of Unmanned Aircraft Systems (UAS). I certify that the information I provided in this Application is correct to the best of my knowledge and I further understand that if any information is found to be false I may forfeit my Annual Application Fee. I, as the authorized UAS Operator, have read, understand and accept all of the information stated on this Application, in its entirety, and agree to abide by it.

Applicant

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

Chief of Police

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