



2024 MARINA MEMBER APPLICATION

115 PARK STREET,
WAUCONDA, IL 60084
WWW.LINDYSLANDING.COM

MARINA@LINDYSLAKELIFE.COM
WWW.LINDYSLANDINGMARINA.COM

Renter

Name:			
Address:			
Phone:		Email:	

Watercraft

Watercraft Make + Model:		Watercraft Length:	
Boat Registration No.		Trailer License No.	(optional)
Watercraft Type:	<input type="radio"/> Power Boat <input type="radio"/> Pontoon <input type="radio"/> Wave Runner or Jet Ski <input type="radio"/> Sail Boat		

Insurance

Boat Insurance Policy No.	(copy required)	Effective Date:	
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Emergency Contact

Name:			
Address:			
Phone:		Relationship:	

Payment

Payment Type:	<input type="radio"/> Cash <input type="radio"/> Check <input type="radio"/> Credit/Debit Card	Amount:	<input type="radio"/> Boat Slip Full Season (\$1400.00)
Credit Card Type:	<input type="radio"/> Visa <input type="radio"/> Mastercard <input type="radio"/> Amex <input type="radio"/> Discover		<input type="radio"/> Boat Slip Deposit (\$700.00)
Credit Card No.			<input type="radio"/> Wave Runner Port Full Season (\$1025.00)
Expiration:		Security Code:	<input type="radio"/> Wave Runner Port Deposit (\$512.50)

SIGNATURE

DATE

COMPLETE FORMS AND RETURN WITH PAYMENT TO:

LINDY'S LANDING BOAT MARINA CORP.
C/O CHERYL LINDSTROM
200 N. MAIN ST.
WAUCONDA, IL 60084



WAIVER OF LIABILITY

LINDY'S LANDING BOAT MARINA CORP.

2024 SUMMER SEASON BOAT SLIP WAVE RUNNER PORT RENTAL,
ROWBOAT RENTAL, MARINA OPERATIONS, + BOAT LAUNCH

WATERCRAFT OWNER/OPERATOR NAME: _____

The undersigned, in consideration of his or her rental from Lindy's Landing for use on Bangs Lake in Wauconda, Illinois hereby indemnify and save harmless Lindy's Landing Inc., its officers, directors, shareholders, partners, members, agents, employees, and volunteers of and from any and all liability for personal injuries or watercraft damages which renter may hereafter sustain while renting and operating their watercraft. Lindy's Landing Inc. provides no medical or accident insurance for participants.

I hereby agree to operate the watercraft in a safe and courteous manner on Bangs Lake at all times.

I have no knowledge of any physical impairment that would affect or be affected by the undersigned operating watercraft on Bangs Lake. I acknowledge that rental and operation is an activity that may include among other things physical contact with others and objects, including other watercraft that may incur a risk of injury.

I specifically waive and give up, hereby releasing Lindy's Landing Inc. and its owners, partners, members, shareholders, directors, officers, agents, employees, and volunteers for any claim for damages which I may have for personal injuries or watercraft damages that he/she may sustain while renting and operating my watercraft on Bangs Lake.

DATE: _____

DRIVERS/OPERATORS: _____

SIGNATURE OF OWNER OR OWNERS: _____

THANK YOU. LINDY'S LANDING BOAT MARINA CORP. PRESIDENT + OWNER OF OPERATIONS, CHERYL LINDSTROM