

KEVIN L GERBER

Chief of Police

**DECATUR
POLICE DEPARTMENT**

112 South Seventh Street
Decatur, Indiana 46733



CHRISTOPHER W BRITE

Deputy Chief

WAIVER OF ELIGIBILITY AND ASSUMPTION OF RISK

1. **WAIVER:** By signing below, the OWNER, his/her heirs, successors, personal representatives, successors and assigns, hereby waives all claims for and releases the City, its elected and appointed officials, employees, agents, contractors, successors and assigns from any liability for personal injury to the OWNER for damages to OWNER'S property arising from or related to the OWNER'S operation or use of an UTV on or within the streets of the City of Decatur.

2. **ASSUMPTION OF RISK:** The OWNER, his/her heirs, successors, personal representatives, successors and assigns acknowledges that personal injury to the OWNER or others or damage to property may occur during the course of OWNER'S operation or use of an UTV on or within the streets of the City of Decatur, and the OWNER hereby acknowledges such risk and freely and voluntarily assumes and incurs such risks.

3. **INDEMNIFICATION:** The OWNER, his/her heirs, successors, personal representatives, successors and assigns hereby indemnifies and holds harmless the City, its elected and appointed officials, employees, agents, contractors, successors, and assigns from any claims for personal injury or property damage arising from or related to the OWNER'S operation or use of an UTV on or within the streets of the City of Decatur. Further OWNER hereby agrees to defend the City, its elected and appointed officials, employees, agents, contractors, successors and assigns from and against any such claim.

Dated

Owner Signature

Printed Name of Owner

Decatur UTV Permit # (Completed by DPD designee)

Revised 6/4/25

decaturinpolice.com
decaturpd@cityofdecatur.in.gov
Emergency 911
Office (260) 724-8646 (8 a.m. – 4 p.m.)
After Hours (260) 724-3123
FAX (260) 724-3957

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AGREEMENT WITH THE CITY OF DECATUR

In accordance to Ordinance 2022-8, an ordinance which authorizes and regulates the use of UTV use on the streets in the City of Decatur, Indiana. I agree to abide the regulations set forth in the ordinance.

UTV Owner Name: _____

OLN: _____ State: _____ DOB: _____

Address: _____

City, State, Zip: _____

Phone: _____ Date: _____

Email address: _____

(to obtain proof of registration letter to be kept on vehicle)

Indiana Registration #: _____ Expires: ____/____/____

UTV Make: _____ Model: _____

VIN: _____ Color: _____ Year: _____

UTV must be registered through BMV

- ☐ Received a copy of UTV state registration
- ☐ Gave owner copy of ordinance
- ☐ Received a copy of Insurance Card

Insurance Company: _____ Policy #: _____

UTV Must have the following items:

- ☐ Seating
- ☐ Brake Lights
- ☐ Head Lights (2)
- ☐ Tail Lights
- ☐ Rear View Mirror

Inspected by: _____ Badge # _____

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