Dakota County Parks Department
14955 Galaxie Avenue
Apple Valley, MN 55124
952.891.7000/952.891.7968 TDD
www.dakotacounty.us/parks

Model Airplane Flying Field Pass Application

To obtain an Individual Adult Season Pass for the Spring Lake Park Reserve Model Airplane Flying Field, print and complete this form and send it to the Dakota County Parks Department along with the appropriate pass fee of $42.85 ($40+$2.85 tax). **For individuals 17 years and younger, no permit is required.** The Pass is valid through November 30 of year issued. This Pass is non refundable or transferable. I understand that my private data is protected by state and federal privacy laws, rules and regulations. I understand that Dakota County is requesting my name, address, telephone number and other identifying data about me, including my insurance information or AMA/SFA membership information, or that of the individual utilizing this Model Airplane Pass, and the names and other identifying data about my family members utilizing the Pass. I understand that I do not have to provide this data, but that if I do not provide this data, Dakota County will not be able to issue me or my child a Model Airplane Pass. I understand that Dakota County will only use and disclose the private data about me from this Model Airplane Pass application as authorized by law or as authorized by me.

Mail payment and application to the address listed below:

Dakota County Parks Department - POS
Western Services Center
14955 Galaxie Avenue
Apple Valley, MN 55124

If you have questions regarding the Spring Lake Parks Model Airplane Flying Field, please contact the Dakota County Parks Department at 952.891.7000 or by email at parks@co.dakota.mn.us.

If applicant is under 18 years of age, the applicant's parent/legal guardian shall apply for the Model Airplane Pass.

Applicant Information

First name | MI | Last name | M F Gender

Address:

Phone (day): ___-___-____ (eve): ___-___-____

City: State: Zip: ____–____

Email address:

(Include email address to receive updates on model airplane flying field)

If application is submitted on behalf of an individual under 18 years of age, the name of the minor utilizing the Model Airplane Pass is:

First name | MI | Last name | M F Gender | Date of Birth (if under 18) __/__/__

How did you hear about Dakota County Parks? _____

If not a member of AMA, I agree to have in force a homeowner's insurance policy on each date I use the field with minimum limits of $300,000, and with Dakota County named as an additional insured.

Homeowner's Insurance Policy Information
(submit copy with application)

Insurance Company (must state Dakota County is additionally insured for activity)

Policy Number | Date Coverage Expires

OR

AMA/SFA Membership Information
(submit copy with application)

AMA Membership #

Expiration Date

Payment Information

☐ Check: Check #: _____ Amount paid $ _____ Make checks payable to Dakota County Treasurer/Auditor

☐ Credit Card: ☐ Visa ☐ MasterCard ☐ Discover Amount paid $ _____

Credit Card #: Exp. date: __/__ Cardholder's Zip Code

Name as it appears on credit card:

Cardholder's signature: _____ Date: _____

I agree to follow all Dakota County Parks Department rules regarding use of the park and flying field. I acknowledge that I received and read a copy of the Dakota County Model Airplane Flying Field Rules at the time I applied for this pass. Dakota County reserves the right to revoke this pass if the pass holder fails to abide by any of the Dakota County Model Airplane Flying Field Rules or operates a model airplane in an unsafe manner.

The pass holder agrees that if insufficient insurance coverage is provided by the pass holder's insurance or, if a member of AMA membership insurance, that the pass holder will hold Dakota County harmless and indemnify Dakota County from any and all claims, demands, and causes of action arising from the pass holder's use of the flying field or surrounding grounds and facilities, including any related attorney's fees incurred by Dakota County.

I, the undersigned, acknowledge that I have read and understand the provisions of this agreement.

Signature of Applicant or Parent/Guardian Signature | Date