



Skyline Wilderness Park Annual Pass Form

Pass # _____ www.skylinepark.org

New ___ Renewal ___ (Old Pass# _____)

(Please indicate if you are a member of one of the following)

Archery ___ CNPS ___ Disc Golf ___ Skyline Riders ___

Name _____ Spouse _____

Address _____ City _____ Zip _____

Phone (____) _____ - _____ Cell _____

Email Address _____

Minor Children (in immediate residence only)

Fees: Individual \$45.00 _____

Family \$60.00 _____

Additional for Horses \$20.00 _____

Additional for Bikes \$20.00 _____

Total Enclosed \$ _____

SKYLINE PARK WAIVER OF LIABILITY

By signing my name hereto, I specifically waive for myself, my heirs, administrators, assigns and assignees, all claim and demand against Skyline Park and the County of Napa, its officers, agents, servants, or employees for all injury or loss occurring or arising in any manner whatsoever while I am exercising the Privileges granted by this permit, using the area or enroute to or from the same.

SIGNATURES OF ALL ADULTS IN THE FAMILY

DATE _____ PASSESS ARE VALID FROM January 1ST TO December 31ST

Mail to: Skyline Park 2201 Imola, Napa, CA 94559