

Bullfrog Marina

P.O. Box 4055
Bullfrog, UT 84533

Bullfrog Boat Shop
Phone: (435) 684-3040
Fax: (435) 684-3005

Bullfrog Dry Storage
Phone: (435) 684-3019
Fax: (435) 684-3039

Bullfrog Executive Services
Phone: (435) 684-3062
Fax: (435) 684-7056

AUTHORIZATION TO PROCEED LAUNCH AND/OR RECOVERY ACKNOWLEDGEMENT

I, (NAME) _____, THE UNDERSIGNED, being the registered owner of the vessel, and with the consent of the other owner(s), if any, of the vessel described below, authorize ARAMARK Sports and Entertainment, Inc. hereafter referred to as ARAMARK, to launch and/or recover the vessel.

I further understand that ARAMARK will not accept responsibility or liability for damage that may result from ARAMARK's efforts to launch and/or recover said vessel, with the exception of damages that occur from gross negligence on the part of ARAMARK or its employees. I, the owner, waive any claims against ARAMARK for such damage.

I further agree that ARAMARK may proceed with such efforts with the understanding that it is at owner risk of damage whether or not foreseen by ARAMARK.

I also understand that ARAMARK reserves the right to refuse to attempt launch and/or recovery to said vessel if ARAMARK determines it is in a damaged condition or could cause a spill of fuel or other environmental contamination to the environment. I also agree that the scheduled time and date of launch and/or recovery is subject to change due weather or other unforeseen events.

CUSTOMER AUTHORIZATION - (PLEASE PROVIDE ALL REQUESTED INFORMATION)

PRINT NAME: _____ BOAT NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBERS:

WORK: _____ HOME: _____ FAX: _____

METHOD OF PAYMENT (SORRY BUT WE CAN NOT ACCEPT CHECKS)

(AMEX/DISC/MC/VISA): _____ EXP.: _____

WE DO NOT KEEP CREDIT CARD NUMBERS ON FILE - PLEASE PROVIDE A CURRENT CARD NUMBER WITH EACH REQUEST.

ARAMARK BILLING ACCOUNT #: _____

MAKE OF BOAT: _____ Length: _____ Boat Type: Mono-hull _____ Pontoon _____

Hull Material: Aluminum _____ Fiberglass _____ Steel _____

Driveable: _____ No _____ Yes - Locactoin of Keys _____

Hull Number/State: _____ LOCATION : Buoy #: _____ Slip #: _____ Dry Storage: _____

Purpose of launch and/or recovery: _____

AUTHORIZING SIGNATURE: _____ DATE: _____

(PLEASE NOTE: We can not proceed without an authorizing signature and a method of payment.)

***** For Internal Use Only *****

The following damage is noted to the aforementioned vessel before launch and/or recovery was attempted:

Employee: _____ Date: _____

Planned Haul Date: _____ Planned Relaunch Date: _____

Departments involved:

_____ BF/HC - Boat Shop _____ BF/HC - Dry Storage _____ Executive Services