



2021 Golf Cart Rules:

1. Golf carts/Cars of the type and kind equipped and used for golfing will be allowed on the premises. No Mules, Gators, Razors, 4-Wheelers, Utility, Rhino, Rangers or UTVs will be permitted.
2. No motorized bar stools, go-carts or mini bikes will be permitted.
3. All carts must be pre-registered with a photo and proof of insurance, specifically listing the golf cart's information, prior to **9/15/2021**.
4. ***Anyone registering a golf cart must be registered as a guest at Great Wolf Lodge and the certificate of insurance must be in the registered quest's name.***
5. Only pre-registered golf carts will be permitted on the property.
6. Carts will not be driven or parked in the grass, sidewalks or any unauthorized area.
7. All golf carts will be corralled in an area designated by Great Wolf Lodge.
8. All carts must be parked by 8:00 pm and remain corralled until 8:00 am.
9. All drivers must be 25 years of age, with a valid driver's license.
10. Golf Carts must have:
 - i. Minimum 1 tail light
 - ii. 2 Red reflectors (can be made in taillights)
 - iii. 2 Brake lights
 - iv. 2 Headlights
 - v. Working horn
11. Misuse of golf carts will result in, 1) the vehicle corralled for the remainder of the stay; 2) the vehicle being immediately removed from the premises.
12. The TRAO Board will have sole discretion on acceptable carts and decisions related to their use and operation.
13. Use the carts as they are intended for as on a golf course, not as a toy, or for joyriding. All cart operators must observe the rules of the road and remain courteous and yield the right of way to pedestrians.
14. A non-refundable REGISTRATION FEE of \$350.00 (see item #5 on the Registration Form) must be included with your registration.
15. There will be no alcohol consumption while operating or riding a golf cart.

Hold Harmless Agreement:

I hereby agree to indemnify and hold harmless the TRAO, as well as all affiliated individuals, associations, officers and Great Wolf Lodge and its employees, for any costs, damages or losses related to the operation of a Golf Cart while attending or participating in the program. I am covered by liability insurance and I acknowledge and assume responsibility for any damages whatsoever related to the cart I bring to the event.

Dated _____, 2021

Signature

Printed Name



GOLF CART REGISTRATION

Color _____ # _____

Special Markings/Lettering: _____

Owner's name _____

Company's Name _____

Address _____

City, State, Zip _____

Cell Phone # _____

Room # _____ @ Great Wolf Lodge (only guest of GWL permitted to register a golf cart)

Insurance Company _____

By having this golf cart on the premise of Great Wolf Lodge, you as the owner - agree to abide by the TRAO, the Hotel and Mason Police Department's requests:

Attach ALL of the following documents, prior to submitting:

1. Signed copy of Golf Cart Registration Form.
2. Signed copy of Golf Cart Rules Form.
3. Certificate of Insurance, showing Golf Cart coverage in the amount of \$1,000,000, listing TRAO as the Certificate Holder.
4. Golf Cart photo for identification.
5. Registration Fee - check for \$350.00, mailed by 9/15/21: TRAO
500 W. Main ST.
Batavia, OH 45103

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Owner/Operator: _____ Date: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/18/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Agency that writes the insurance for the person you want proof of liability insurance from goes here	CONTACT NAME: name of agent PHONE (A/C No. Ext.): phone# of agent FAX (A/C. No.): fax# of agent E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE INSURER A: insurance carrier name INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL. SUBR. INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	X X	policy number here	dates	dates	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO REN'D PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y N	N / A			WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
with respect to the operation/leasing/owning of a golf cart at or during the 2013 TRA0 show
Certificate holder will be named additional insurance and extend waiver of subrogation

CERTIFICATE HOLDER Towing & Recovery Association of Ohio PO Box 62476 Cincinnati, OH 45262	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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