



Arkansas Department of Parks and Tourism

GEOCACHE / WAYMARK PERMIT

No. _____

The effective dates for this permit are: _____ / _____ / _____ to _____ / _____ / _____, fulfilling the
Month Day Year Month Day Year

requirement of Park Directive 3220, which states that an appropriate cache may be placed at an approved site at State Parks for twelve (12) months.

This Geocache _____ or Waymark Point _____ has been placed by:

Name: _____

Address: _____

_____ City State Zip

Phone: _____
(Area Code)

Driver's License Number: _____ State

Email Address: _____

Geocache / Waymark Name and Number: _____

Website Referencing Cache: _____

Cache/ Waymark GPS Coordinates: _____

Physical Location Description: _____

The Cache I have placed (permit holder initials each requirement)

Yes

No

- | | | | |
|----|---|-------|-------|
| 1. | Is in a non-breakable container. | _____ | _____ |
| 2. | Does not contain inappropriate or dangerous items | _____ | _____ |
| 3. | Is not buried or placed in a protected area, but placed in an area approved by the Park Superintendent or Designee. | _____ | _____ |

I hereby agree to respect and adhere to the regulations set forth in Park Directive 3220. In addition, the Department of Parks and Tourism shall assume no responsibility whatsoever for the loss or damage to the property or injury of the permit holder from any cause and permit holder agrees at all times to indemnify, protect, and save harmless the Department of Parks and Tourism and its agents, and employees from liability in connection with permit holder's property and/or operation under this permit.

Park

Permit Holder

Superintendent

Date

Date



Arkansas Department of Parks and Tourism

GEOCACHE PERMIT/ WAYMARK EXTENSION

No. _____

Per Park Directive 3220, this permit is approved for a twelve (12) month extension beginning

_____/_____/_____ and ending _____/_____/_____.
Month Day Year Month Day Year

Geocache / Waymark Name and Number: _____

Park

Permit Holder

Superintendent

Date

Date