CASTAWAYS MARINA INCORPORATED

CONSENT FORM AND RELEASE FOR CRIMINAL HISTORY AND CREDIT CHECK

APPLICANT:

NAME:_____

_____

DOB GENDER SS NUMBER

_____

MAIDEN NAME IF APPLICABLE ALIAS IF APPLICABLE

_____

CURRENT STREET ADDRESS CITY/STATE/ZIP

_____

PREVIOUS ADDRESS CITY/STATE/ZIP

I UNDERSTAND THAT A SEARCH OF THE MINNESOTA CRIMINAL RECORDS AND A CREDIT CHECK WILL BE PERFORMED BY CASTAWAYS MARINA INC. ON ME. I HEREBY AUTHORIZE CASTAWAYS MARINA INC. TO ACCESS ANY CRIMINAL AND CREDIT DATA MAINTAINED ON ME. I UNDERSTAND THAT CASTAWAYS MARINA INC. WILL USE THIS INFORMATION IN PROCESSING MY SUBLEASE OR PURCHASE AGREEMENT. I HEREBY RELEASE CASTAWAYS MARINA INC.FROM ANY LIABILITY TO THE EXTENT THAT IT RELIES ON INFORMATION PROVIDED BY THE MINNESOTA STATE CRIMINAL RECORDS AND ANY CRREDIT RECORD SOURCE AND I HEREBY WAIVE ANY RIGHTS THAT I MAY HAVE TO PURSUEW ANY ACTION OR SUIT AGAINST CASTAWAYS MARINA INC. FOR WITHHOLDING APPROVAL OF MY SUBLEASE OR PURCHASE AGREEMENT BASED ON INFORMATION OBTAINED.

DATE_____ BY_____