

# Echo State Park – Drone and Metal Detecting Use Waiver Form

*Utah Division of State Parks and Recreation*

Phone: 435-336-9894 | Email: [agoodall@utah.gov](mailto:agoodall@utah.gov)

**Date of Use:** \_\_\_\_\_

## **Applicant Information**

**Full Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Activity Type (check one or both):**

☐ **Drone Use**

☐ **Metal Detecting**

**Purpose of Use:**

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**Location(s) Within Echo State Park:**

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## Acknowledgments and Conditions

1. I understand that a **valid Special Use Permit** is required for any drone or metal detecting activity at Echo State Park and must be approved in advance of my visit.
2. I agree to **submit this signed waiver to park staff** or the on-duty camp host on the day of my activity.
3. I acknowledge that all activities must comply with **Utah State Parks regulations, FAA guidelines** (for drone use), and **Utah Code Title 9, Chapter 8**.
4. I will not enter restricted, historical, or environmentally sensitive areas while operating a drone or metal detector.
5. **All items found** during metal detecting or drone operation must be turned into the **Echo State Park Lost and Found**.
6. I understand that **no fires are allowed**, and all activities must be conducted with **minimal impact** to the natural environment.
7. I will restore any disturbed areas and practice **Leave No Trace** principles.
8. Drone operators must maintain **visual line of sight** and may not fly over people, campgrounds, wildlife, or park buildings.
9. I release Echo State Park, the Utah Division of Parks and Recreation, and the State of Utah from any liability for loss, injury, or damage resulting from my activity.

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## Signature

By signing below, I certify that I have read, understood, and agreed to all terms listed above. I understand that failure to comply may result in termination of my activity and/or enforcement action.

**Signature of Participant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Park Staff Initials Upon Receipt:** \_\_\_\_\_

**Permit # (if applicable):** \_\_\_\_\_