

Washington Township

PARK SHELTER AND RESERVATION RELEASE FORM

Shelter Reservation Release Form must be completed and returned

TO : TRUSTEE RICK BECK AT 937-686-8522 OR 937-539-2664

I would like permission to use the shelter at: _____ Park on _____

Date: _____ From: _____ a.m./p.m. to: _____ a.m./p.m.

Approximate Number Attending: _____ Group Name: _____

It is understood that the group or organization using the above-designated facility will comply with the laws of the State of Ohio, The Township of _____, and all rules and regulations set forth _____ ip:

1. Will be responsible for all persons in the group or organization using the facility
2. Assumes liability for any damage done to the facility
3. Will observe all posted rules
4. There shall be ***no alcoholic beverages*** allowed on park property

Washington Township reserves the right to deny use of Township Facilities to groups who fail to comply with the rules and regulations set forth. I understand that I am responsible for leaving the area that I wish to use in a ***clean in orderly condition.***

RELEASE:

I have read and understand the above policies and regulations and agree to comply with the same. For and in consideration of the permission to use the above described facility, I, the undersigned, acquit, discharge and covenant to hold harmless the Township of _____, its officers, employees, servants, and agents of and from any and all actions, causes of action, claims, demands, damages, costs, loss of services, expenses and compensation, on or account of, or in any way growing out of, any and all personal injury or aforementioned activity at the above described facility.

PRINT Name: _____

Home Address: _____

City: _____ Zip Code: _____ Township Resident: yes no

Home Phone: _____ Work Phone: _____

Signature: _____

Date Key Picked Up: _____ Date Key and Deposit Returned: _____