

Washington Township

PARK SHELTER AND RESERVATION RELEASE FORM

Shelter Reservation Release Form must be completed and returned to: Washington Township Trustee or Fiscal Officer

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

From: _____ AM/PM to: _____ AM/PM

Approximate Number Attending: _____ Occasion: _____

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 Washington, and all rules and regulations set forth sip:

1. Requestor 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 or smoking** on park property
5. All trash must be in the trash containers – no littering or dumping trash on ground
6. Speed Limit on Premises is 5 MPH
7. Children (minors) must be accompanied by at adult at all times
8. Parking is allowed in designated areas only
9. Fireworks and explosives are not permitted in the park
10. Motorized Vehicles are not allowed on any pedestrian access/walking path/ball diamonds
11. Pets must be on a leash at all times and pet owners must remove any solid waste deposited by pet
12. Play at your own risk on age appropriate equipment following all signage regarding playground equipment.
13. No Glass containers
14. If you see any problems or need information on scheduling events please call any of the following numbers: Trustee Faulder: (937) 441-8220, Trustee Berg, (937) 597-1298, Trustee Lewis (937) 597-2277, Fiscal Officer Lisa Miller: (937) 935-4598 or complete the reservation form and put in the drop box outside of township building.

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 and 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 Washington, 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 or No (circle one)

Home Phone: _____ Work Phone: _____

Signature: _____