

Village of Clinton

7871 Main Street, Clinton, Ohio 44216 Phone: (330) 882-4782 Fax: (330) 882-5220 www.clintonoh.gov

AA 917.06 Warwick Park/Pavilion/Ball Field Rental Application

Form AA 917.06 Warwick Park Rental CO 917.06 Deposit/Fee Amount is \$125.00 for Single Day Weekend/Holiday Rental/\$350.00 for Multiple Day Rental

Date(s) for which Park is Requested:	
Name:	
Address:	
Phone Number:	
Email:	
Organization:	
Small Pavilion, up to 50 people.	Ballfield - Included
Large Pavilion, up to 120 people.	Ballfield - Not Included
provided: (1) that the required deposit fee is received date; and, (2) proof of insurance for your organization deposit and fee and information could result in the case deposit/fee must accompany this form. Please see about must be made payable to "Village of Clinton." The deextent the park and pavilion are found to be in good a has occurred.	on has been provided. Failure to provide such neellation of your reservation without notice. A ve for the amount of the deposit/fee. The check posit (\$25 or \$150) will be refunded only to the
Baseball/Softball Leagues must meet with the Street inspection of the field, bleachers, dugouts the above-nagrees to maintain the facilities and make the followin	amed organization and its representative

Failure to make repairs, by said date, shall nullify Rental Agreement and result in loss deposit. The above-named organization will provide proof of insurance, signed Waiver and Assumption of Risk, and a copy of the field use schedule, including all practices.

It is understood and agreed by the applicant that any damage to the park during the rental period will be repaired at the sole expense of the renter. By signing below, the applicant affirms that he/she has read CO 917.06, which is attached hereto.

PARK RULES:

- No alcohol in the Park
- All trash must be put in the dumpster
- No vehicles on the grass
- No walking on the tables

- No riding bicycles on tables
- No pets on tables
- Pets must be cleaned up after
- Do not remove tables from shelters

Signature of Renter/Applicant (required):	Date:
Deposit/Check #:	
This form must be returned with your ch	eck.
Village Hall Representative:	Date:

WAIVER AND ASSUMPTION OF RISK

In consideration of the consent given by the Village of Clinton, Ohio, for use of its facilities, ball fields, trails, and grounds, and as a condition of participating in activities within the parameters of the Village Park, Pavilion and/or any of its facilities, ball fields, trails, and/or grounds, I, the undersigned, execute this Release and state, accept and make the statements contained herein.

I understand and acknowledge that the Village of Clinton, Ohio, and/or any of its facilities, ball fields, lake, trails, employees, agents, public officials, boards, legislative body, committees, grounds, equipment, and/or property, may expose me, my child(ren), my guests, members of my organization and/or my organization to certain risks of personal injury (including death) and other property damage, and I, on behalf of myself, my child(ren), my guests, members of my organization and my organization, am willing to and do hereby as indicated below by my signature assume all these risks, known and unknown.

I accept full responsibility for any medical expenses and insurance to cover me, my child(ren), my guests, members of my organization and/or my organization for any personal injury (including death) and/or property damage arising out of any condition and/or use of the Village of Clinton, Ohio and/or the Park's facilities, ball fields, lake/pond, trails, and/or grounds.

I hereby certify that I, my child(ren), my guests, and members of my organization are capable of participating in the activities of the Park, Pavilion and/or any of their facilities, ball fields, lake/pond, trails and grounds, and that unless otherwise indicated below, I, my child(ren), my guests, and members of my organization are healthy and have no physical or mental disabilities or infirmities that would restrict full participation in any activities except as listed below.

I, AS AN INDIVIDUAL AND ON BEHALF OF MY CHILD(REN), MY GUESTS, MEMBERS OF MY ORGANIZATION AND/OR MY ORGANIZATION, HEREBY WAIVE, RELEASE, AGREE TO DEFEND AND FULLY INDEMNIFY AND COVENANT NOT TO SUE THE VILLAGE OF CLINTON, OHIO, AND/OR ANY OF ITS EMPLOYEES, AGENTS, PUBLIC OFFICIALS, BOARDS, LEGISLATIVE BODY, COMMITTEES, AND/OR OTHER REPRESENTATIVES, FOR ANY AND ALL CLAIMS, RIGHTS, CAUSES OF ACTION, DEMANDS OR OTHERWISE, WHETHER FOR PERSONAL INJURIES, PROPERTY DAMAGE, OR ANY OTHER LOSS, DAMAGE, OR EXPENSE, WITHOUT LIMITATION, MADE ON ACCOUNT OF OR RELATED TO INJURY SUFFERED IN USE OF THE VILLAGE OF CLINTON, OHIO AND/OR THE PAVILION, PARK'S FACILITIES, LAKE/POND, TRAILS, AND/OR GROUNDS, WHETHER THE RESULT OF NEGLIGENCE OR ANY OTHER CAUSE.

I HAVE READ, UNDERSTAND AND AGREE TO BE BOUND BY THIS WAIVER, RELEASE OF LIABILITY AND ASSUMPTION OF THE RISKS. I HAVE READ AND UNDERSTAND THE ORDINANCE ATTACHED TO THE APPLICATION AND WAIVER.

	Date
Name, AS AN INDIVIDUAL AND AS PARENT/GUARDIAN AND REPRESENTATIVE	
Please list any physical limitations (allergies, hearing, sight, inability to swim, etc.) a	and person's name: