

City of Hawk Point
Park Pavilion Reservation Application

Please Print

Name of Applicant: _____ Date: _____
(Also referred to as Responsible Party)

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Organization Name (If applicable): _____

Date Requested: _____ Anticipated Hours: _____ to _____

Type of Activity: _____

Approximate # of People: _____

- The responsible party agrees to pay the city a security deposit of \$50 to rent one pavilion or \$75 for two pavilions.
 - ✓ No reservation will be made without payment in full.
 - ✓ No reservation is confirmed until payment is received.
- The responsible party agrees to be responsible for all damages to the facility and surrounding grounds. If there are damages, the amount needed for repairs shall be taken from deposit and any extra will be billed to responsible party.

Hold Harmless Agreement

I (responsible party) agree to indemnify and save harmless the City of Hawk Point from any claim or loss sustained by reason of use and/or participation in activities within the Hawk Point City Park, and hereby assume the risk and thereby release the City of Hawk Point from any claim, damage, or loss by reason of any accident, injury or damage to myself or any person or property belonging to my group, which might occur during the course of using or participating in activities in the City Park.

Responsible Party Signature: _____

- The City of Hawk Point may revoke or change agreement at any time.
- Permit entitles the responsible party to exclusive use of the below listed pavilion(s) for their group on the specific date. Other park facilities remain open to the public (ie. Playground Equipment, Restrooms, etc.).

The responsible party acknowledges they received a copy of the City of Hawk Point Park Rules and will abide by all rules by signing below.

Responsible Party Signature: _____ **Date:** _____

This allows the renter to use: **Pavilion #1** _____ **Pavilion #2** _____

This portion is to be completed by city clerk

Date Paid:

Deposit Amount: _____

CASH | MO # _____ | CHECK # _____

Clerks Signature: _____

Date Refund Printed:

Refund Amount: _____

CHECK # _____

Clerks Signature: _____