

**SOUTHINGTON TOWNSHIP TRUSTEES
P.O. BOX 266
SOUTHINGTON, OHIO 44470**

*****CALL SAM PLOTT (330-898-5615) BEFORE SENDING IN
TO VERIFY AVAILABILITY OF DATE *****

REQUEST FOR USE OF PARK FACILITIES

NAME: _____ **PHONE:** _____

ADDRESS: _____

DATE REQUESTED: _____ **TIME:** _____ **TO** _____

FACILITY REQUESTED: _____

TO BE USED FOR: _____

In consideration of the use and enjoyment of said park facilities, I, (we) the undersigned agree to the use of the park facilities in accordance with the Park Rules attached hereto and to be responsible for any and all damage to the park facilities arising from my conduct, or negligence or the conduct or negligence of any of my guests for whom I am responsible.

Further I, (we) agree to indemnify and hold harmless the Southington Township Board of Trustees and their employees and/or agents from any liability arising out of my use of the park facilities, my conduct or negligence or the conduct or negligence of any of my guests for whom I am responsible.

In witness whereof I have affixed my signature this _____ day of _____
200____.

Signature of Responsible Party

APPROVAL

The above request and reservation of Park Facilities is approved this _____ day of _____, 200_____.

Township Official