

**\*\*UNTIL FURTHER NOTICE, PLEASE FOLLOW ALL CURRENT FEDERAL AND STATE CDC GUIDELINES WHEN USING GAZEBO/PARK AREAS\*\***

**SOUTHINGTON TOWNSHIP  
PO BOX 266  
SOUTHINGTON, OH 44470**

\*\*\*Call or email Fiscal Officer, Michelle Hall at 330-889-2551 or mhallsouthingtontwp@gmail.com before sending in to verify availability of date\*\*\*

**REQUEST FOR USE OF PARK FACILITIES**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

DATE REQUESTED: \_\_\_\_\_ TIME: FROM \_\_\_\_\_ 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 \_\_\_\_\_  
20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Responsible Party

**APPROVAL**

The above request and reservation of Park facilities is approved this \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Township Official