

City of Dodgeville
Ley Memorial Pavilion/Harris Park
600 Bennett Road, Dodgeville, WI 53533
Application for Use And Date of Reservation

Individual Application

User Name: _____
Address: _____
Phone: _____
Email: _____

FUNCTION DESCRIPTION

Type of Event: _____

Period of Usage:	<u>Date</u>	<u>Start Time</u>	<u>To</u>	<u>End Time</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Estimated Attendance: _____ Park closes at 11 PM unless an extension is granted.

Time Limit Extension (Please fill out if requesting an extension of hours.)
 _____ am requesting an extension to the park hours from 7:00 AM to _____ for the following listed
 (Individual) _____ (Time)
 event _____ being held at the Ley Memorial Pavilion on _____
 (List Event) _____ (Date of Event)
 The reason for my extension request is _____

 Requestor Signature _____ Date _____

Office Use Only: Approved _____ Meeting Date of Action _____

FEE SCHEDULE			
Users	Deposit	Daily Rental Fee	Rental Hours
Family Event (Resident)	\$150.00	\$300.00	(Rental Hours: 7 a.m. - 11 p.m.)
Family Event (Non-Resident)	\$150.00	\$400.00	(Rental Hours: 7 a.m. - 11 p.m.)
Wedding/Resident	\$150.00	\$500.00	(Friday 3 p.m. - Sunday 5 p.m.)
Wedding/Non-Resident	\$150.00	\$800.00	(Friday 3 p.m. - Sunday 5 p.m.)
Stage Rental	\$0.00	\$50.00	(For duration of event.)

	Daily Rental	# Days	Total Use Fee
120' x 225; Arena Area & Kitchen	_____	_____	_____
Stage Rental	\$50.00		_____
Deposit Clean-Up/Damage (Returned if no damage & properly cleaned up.)			\$150.00
GRAND TOTAL DUE			_____



**PLEASE USE THE WORDING "LEY MEMORIAL PAVILION, HARRIS PARK"
 IN YOUR ADVERTISING FOR EVENTS!**

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Special Needs

To Be Secured By User and Reason & Source of Supply

Liquor License: _____

Picnic Tables: _____

Ambulance Standby: _____

Fire Dept. Service: _____

OTHER CONDITIONS OF USAGE

STATEMENT OF UNDERSTANDING FOR THE DEPOSIT

STATEMENT OF UNDERSTANDING: It is understood and agreed by the applicant that the applicant is solely responsible for all clean-up, refuse collection and damage repair and that the deposit being made may not be sufficient to meet these costs and upon notification of any excess amount due to meet such costs applicant will promptly pay the same. It is further understood that be renting these facilities to the applicant for the event to be conducted, the City of Dodgeville and the Parks & Recreation Committee are not a sponsor, supervisor, manager, director or in any way responsible for such an event, for any loss or damage arising out of the conduct of such event, and that such event and any such loss or damage are solely the responsibility of the applicant.

DATE _____ BY _____
Person in charge of this activity

City of Dodgeville Representative

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PARK USE RELEASE AND INDEMNIFICATION AGREEMENT

In consideration of permission granted to the undersigned by the City of Dodgeville to use the facilities at Harris Park for the

_____ on _____

from the hours of _____ to _____,

the undersigned, for (himself/herself/itself) and (his/her/its) agents, servants, officers and employees represents that (he/she/it) has inspected said facilities and agrees to assume the risk of loss or damage arising out of the undersigned's use thereof; and hereby releases and discharges the City of Dodgeville, its agents, servants, officers and employees guests and invitees; and, upon the request of the City of Dodgeville, the undersigned's use of said Park facilities.

INDEMNIFICATION

The undersigned further agrees to indemnify and hold the City of Dodgeville harmless from any and all claims, damage, loss, costs, including attorney fees, and causes of action, which may be brought against or sustained by the City of Dodgeville resulting from or arising out of the use of said facilities by the undersigned, its agents, servants, officers, employees, guests and invitees; and, upon the request of the City of Dodgeville, the undersigned will furnish a certificate of insurance certifying that the City of Dodgeville is insured against such risks and exposure under a policy of liability insurance issued by a liability insurance company authorized to do business in the State of Wisconsin with coverage limits of not less than: \$1,000,000.

_____/_____
(Representative) Corporation or Organization

BY: _____

For Office Use Only:		
Deposit : Check # _____	Cash Credit Card _____	Proof of Insurance Provided: _____
Rental Fee: Check # _____	Cash Credit Card _____	Verify all Signatures: _____
Stage Fee: Check # _____	Cash Credit Card _____	Verify Special Requests: _____