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

User Name:					
Address:					
Phone:					
Email:					
FUNCTION DESCRIPTION					
Type of Event:					
Period of Usage:	Date		Start Time	То	End Time
Estimated Attendance:			Park closes at 11 PM unles	s an exte	nsion is granted.
Time Limit Extension (Ple					-
			<pre>v hours from 7:00 AM to</pre>		for the following listed
(Individual)				(Time)	
event		being held a	t the Ley Memorial Pavilion of	on	
(List The reason for my extension r	Event) request is				(Date of Event)
Rec	Requestor Signature Date				
Office Use Only: Approved		N	leeting Date of Action		
			looking Bate of Action		
Users	Deposit	SCHEDULE Daily Rental Fee	Rental Hours	_	
Family Event (Resident)	\$100.00	\$250.00	(Rental Hours: 7 a.m 11	p.m.)	
Family Event (Non-Resident)	\$100.00	\$350.00	(Rental Hours: 7 a.m 11	,	
Wedding/Resident	\$100.00	\$400.00	(Friday 3 p.m Sunday 5 p		\neg
Wedding/Non-Resident	\$100.00	\$700.00	(Friday 3 p.m Sunday 5 p		
Stage Rental	\$0.00	\$50.00	(For duration of event.)	,	
<u></u>	· · ·				
120' x 225; Arena Area	Daily Rental	# Days	Total Use Fee		
& Kitchen					
Stage Rental	\$50.00				
Deposit Clean-Up/Damage (Returned if no damage & properly cleaned up.) \$100.00					
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 Reasor Liquor License:	N & Source of Supply			
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

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.

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(Representative)		Corporation or Organization
	BY:	
For Office Use Only:		
Deposit : Check #	Cash Credit Card	Proof of Insurance Provided:
Rental Fee: Check #	Cash Credit Card	Verifiy all Signatures:
Stage Fee: Check #	Cash Credit Card	Verify Special Requests:
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