



OUTSIDE PARK RESERVATION FORM

Amphitheater

Rental party/person in charge: _____

Address: _____ City: _____

Contact phone information: _____

Date requested: _____ Hours: _____ to _____

Park location: _____ Reservation area: _____

Purpose of rental: _____ Number of people attending: _____

Rental fees

Amphitheater rental fee is \$125.00 per hour for residents and \$150.00 per hour for non-residents. Rental may require police staffing which is the responsibility of the renter. Any additional cost for security would be on the renter. A paid receipt will be required. The Park District also reserves the right to determine necessity of a "certificate of insurance".

| OFFICE USE ONLY | |
|---|-------|
| ARE POLICE REQUIRED FOR THIS RENTAL: YES or NO | _____ |
| IS A CERTIFICATE OF INSURANCE REQUIRED FOR THIS RENTAL: YES or NO | _____ |
| FEE AMOUNT MUST BE PAID IN FULL AND DUE AT TIME OF RENTAL: \$ | _____ |

General Use Ordinances for all buildings, grounds and amenities will apply to all rentals. Listed are some, but not all, of the general use ordinances that will be strictly enforced unless special permission was granted by the CPD. Hours of usage are from dawn to dusk unless permission has been granted by the CPD for later hours. The following are not allowed: Animals, firearms and other weapons, fireworks, digging, polluting or dumping, peddling, advertisements, public assemblies, using intoxicating liquors or illegal drugs, smoking or vaping, gambling, open fires, wood burning campfires, bicycling, skateboarding or roller skating, camping, engine-powered toys, and organized group outings.

Help us to keep your parks clean. Trash receptacles are provided, however, any additional garbage generated by your rental must be bagged.

As part of its risk management policy, the Community Park District of LaGrange Park will require the renting party to sign the reservation form below. On the reverse side of this agreement, the renting party will be required to sign the HOLD HARMLESS AGREEMENT.

DISCLAIMER: The Park District will not be held liable for any claims made by organizations or individuals using the park facilities, nor will it be held liable for any personal injuries that may occur to individuals on the premises. **DAMAGE:** Persons using any facility will be held responsible to pay for any damages or loss resulting from the negligence of users. Park facility rented must be returned in the same condition.

_____ Date: _____
Renting Party/Requestor Signature

_____ Date: _____
Park District Staff Approval

HOLD/HARMLESS AGREEMENT

WAIVER AND RELEASE OF ALL CLAIMS

Please read this carefully and be aware that by renting the facility and/or park or by inviting guests you will be waiving your rights and the rights of your guest to all claims for injuries you or your guest(s) might sustain arising and you will be required to indemnify, hold harmless, and defend the Community Park District for any claims arising out of the use of the facility and/or park on the date(s) listed.

RISK OF INJURY

As a renter of the facility and/or park, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of injuries, including death, damages, or loss which I or my guest(s) may sustain as a result of participating in any and all activities associated with the rental of the facility and/or park.

WAIVER OF INJURY CLAIMS

I agree to waive and relinquish any and all claims I, or my guest(s), may have arising out of or connected with, or in any way associated with the rental of the facility and/or park.

RELEASE FROM LIABILITY

I do hereby fully release and discharge the Community Park District and its employees from any and all claims from injuries; including death, damage, or loss which I or my guest(s) may have or which may occur on account of rental of the facility and/or park.

INDEMNIFY AND DEFENSE

I further agree to indemnify, hold harmless, and defend the Community Park District and its employees from any and all claims from injuries, including death, damages, and losses sustained by me or my guest(s) in the event of any emergency. I authorize the public entity to secure from any licensed hospital, physician and/or medical personnel any treatment reasonable and necessary for me or my guest(s) and assume liability for immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand and agree to the above stated conditions of participation.

Signature

Date