

Community Park District of La Grange Park  
OUTSIDE PARK RESERVATION FORM  
Volleyball – Basketball – Baseball Fields – Soccer

Copy to maintenance



Rental party/person in charge: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Contact phone information: \_\_\_\_\_

Date requested: \_\_\_\_\_ Hours: \_\_\_\_\_ to \_\_\_\_\_

Park location: \_\_\_\_\_ Reservation area: \_\_\_\_\_

Purpose of rental: \_\_\_\_\_ Number of participants: \_\_\_\_\_

ALL rentals are based on availability.

The fee for all courts and fields are as follows: Resident fee is \$20.00 per hour and non-resident fee is \$30.00 per hour. No lights, bases or soccer goals provided. If the field has lights, an additional fee of \$30.00 per hour can be added to your request.

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 party 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.

\_\_\_\_\_  
Renting Party/Requestor Signature Date: \_\_\_\_\_

\_\_\_\_\_  
Park District Staff Approval Date: \_\_\_\_\_

## **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.

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*Signature*

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*Date*