

**PARK FACILITY RENTAL APPLICATION**

Request for Reservation at: \_\_\_\_\_ **Mote Park Community Center**  
 \_\_\_\_\_ **Fountain Park Dining Hall**

Reservation Date: \_\_\_\_\_ Hours: \_\_\_\_\_ to \_\_\_\_\_

Purpose/Event: \_\_\_\_\_

Name of Group/Organization: \_\_\_\_\_

Person in Charge: \_\_\_\_\_ Anticipated Group Size: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

1<sup>st</sup> Phone #: \_\_\_\_\_ 2<sup>nd</sup> Phone #: \_\_\_\_\_

**The City of Piqua reserves the right to deny use of City facilities to individuals or groups who fail to comply with the rules and regulations set forth herein.**

**It is understood that the individual, group, and/or organization using the above designated facility will comply with the laws of the State of Ohio, as well as all rules and regulations of the City of Piqua and:**

- 1. Will be responsible for all persons in the group or organization using the facility.**
- 2. Assumes liability for any damage done to the facility during contracted hours.**
- 3. Will park ONLY in designated areas.**
- 4. All litter and debris must be picked up; facility left clean and damage-free.**
- 5. Alcohol is not permitted.**
- 6. Follow all City of Piqua rental policies and regulations (see attached), including payment of rental fees.**

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I have read and understand the above policies and regulations and agree to comply with the same. For and in consideration of the permission to use the above described facility, I, the undersigned, acquit, discharge, and covenant to hold harmless the City of Piqua, its officers, employees, servants, and agents of and from any and all actions, causes of action, claims, demands damages, costs, loss of services, expenses and compensation, on or account of, or in any way growing out of, any and all personal injury or property damage which may result to group/organization members as a result of participation in the aforementioned activity at the above described facility.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Date Signature of Person Responsible Signature of City Representative

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Date of Payment \_\_\_\_\_ Receipt # \_\_\_\_\_ Amount \$ \_\_\_\_\_ Key Returned \_\_\_\_\_