

WARREN COUNTY PARKS AND RECREATION DEPARTMENT

FACILITY USE REQUEST FORM

NAME OF GROUP: _____

PERSON RESPONSIBLE (Attending with Group): _____

ADDRESS: _____ PHONE (____) _____

CITY: _____ STATE: _____ ZIP: _____

FACILITY REQUESTED: _____ PURPOSE: _____

REQUESTING THE USE OF LIGHTS: (CIRCLE CHOICE) YES NO

DATE(S) REQUESTED: _____ EXPECTED ATTENDANCE: _____

ARRIVAL TIME: _____ DEPARTURE TIME: _____

Are you charging a fee to attend the function? Circle Yes or No.

If yes, amount of fee to be charged \$ _____

Release and Indemnification:

I understand and agree that recreational use of any of Warren County's parks and/or recreational facilities have inherent risks and I hereby assume all liabilities, risks and hazards incident to my (and my child's and my group's) use of said facilities and participation in activities within said facilities. I further waive, release, absolve, indemnify and agree to hold harmless the County of Warren and its employees, agents, organizers, volunteers, supervisors, officers, directors, representatives, and participants from any and all legal claims, liabilities, injuries, damages and costs for any physical injury to me, my child, and/or any member of my group or damage to any personal property sustained by me, my child, and/or any member of my group during my/their/our participation in any activity conducted on Warren County property.

I further understand and agree that Warren County is not responsible for lost, broken or stolen items.

I have read and fully understand the attached Parks & Recreational Facilities Rules and Regulations governing the use of Warren County's parks and recreational facilities.

SIGNATURE OF GROUP REPRESENTATIVE

DATE

Warren County Recreation Department Use Only Below This Line

REQUEST APPROVED: _____

DATE: _____

REQUEST DENIED: _____

DATE: _____

SIGNATURE OF RECREATION DEPARTMENT STAFF

FEE CHARGED: _____

DATE FEE PAID: _____

STAFFING NEEDED (CIRCLE) YES NO