

Park Use & Release Form

Name: Address: Email:		Organization: Phone: Type of Event:						
					Date of Event:			
					Beginning Time:	AM/PM	Ending Time:	AM/PM
Pricing: Burt Park: Band Stand \$50		Gazebos \$15 ea	Picnic Shelter \$25					
Waterworks Park:	Picnic Shelter \$25							
Please make Payment by cl	neck or money ord	er to the Village of West La	nfayette.					
immediately after the even THE PERSON/ORGANIZATION 1. Not to bring or consur 2. Not to permit gamblir 3. To clean the premises 4. To reimburse the Villa	t. I IDENTIFIED ABOVE me alcoholic bevera ng on the premises. and place all refuse ge of West Lafayett	AGREES TO: ges on the premises. in containers. e for any damages to premise	nust be returned to the lock box es, building and equipment.					
7. To vacate the premise 8. No personal property 9. Not to attach posters 10. To return all property 11. Not to park or drive o 12. The above applicant a Lafayette from any clarecovered against or bodily injury, including whomsoever and which performance of this control whole or in part by the	es in its present conces at the scheduled to shall be on the premore signs to the premore to designated storation the concrete dances and the concrete dances are demand, suit, leftom the Village of Ving death sustained by the chamage, injury, contract, and regardle negligence of the ants, employees or	dition and return it in the like imes. nises other than during the tinises. ge spaces. e area in front of the bandstatemify, and hold harmless thoss, cost of expense, or any divest Lafayette by reason of a by any person; including without death, arises out of or is including of West Lafayette, or factors of any of them.	me period identified above. and. he Village of West lamage which may be asserted, claimed or any damage to property, personal injury or out limitation the user or his invitees, cident to or in any way connected with the damage, loss, cost of expense is caused in by third parties, by the user or its invitee,					
Signature:		Date:						
Signature: (Applicant Name -	Person or Organiza	ation)						

_____ Date: _____

Witness:

(For the Village of West Lafayette)

FOR OFFICE USE ONLY

Name of Person Taking Applicati	on		
Date of Application	Structure Reserved _		Paid in Full: Y/N
Amount Received: \$	Cash/Check/Money Order	Date Paid:	
Comments:			