

CITY OF THIEF RIVER FALLS PUBLIC WORKS DEPARTMENT

Mailing Address: P.O. Box 528, Thief River Falls, MN 56701 Office Location: City Hall 405 3rd ST E, Thief River Falls, MN 56701 (218) 681-8506

Park Shelter Rental Request

PARK SHELTERS - \$20.00/Shelter Centennial Park	GROUP/ORGANIZATION:		CONTACT NAME:			
PARK SHELTERS - \$20.00/Shelter Centennial Park						ZIP
Floyd B. Olson Gazebo				_	helte	 er
RESERVATION DATE DESIRED TIME OPEN TIME CLOSE	 ☐ Floyd B. Olson Gazebo ☐ Hartz Park East ☐ Hartz Park West ☐ Hartz Park River ☐ Lion's Park East (by Water To 	□ Oa □ Oa □ Re □ To	kland Park East kland Park West d Robe Park		□ Picr	nic Table Rental \$15.00 each(you pick up)\$30.00 each (delivered) nic Kit Rental \$20.00 deposit
\$Non-refundable Rental Fee required to hold the reservation. As lawful, consideration for being permitted to use the park shelter, belonging to the City of Thief River Falls, I on behalf of myself, and/or the						TIME CLOSE
As lawful, consideration for being permitted to use the park shelter, belonging to the City of Thief River Falls, I on behalf of myself, and/or the	PURPOSE		AP	PROX. NUMBER OF	PEOPLE	
corporation – organization – association, agree that the City of Thief River Falls shall be held harmless and will not be liable for any injury or disability which I or any member, employee or participant of the said corporation – organization – association incur as the result of use of said facility due to the passive or active negligence of the city, its agents or employees. This release of liability of the City of Thief River Falls does not include any injuries that I or any member, employer participant of the said corporation – organization – association incur as the result of willful, wanton or intentional misconduct by the City of Thief River Falls, ingents or employees. This agreement is specifically binding on my spouse, heirs and assigns, and the spouses, heirs and assigns of any member, employee contribution of the said corporation – organization – association. Warrant that I am authorized to enter into this Agreement on behalf of said corporation – organization – association. FODAY'S DATE	\$	Non-ref	undable Renta	I Fee required to ho	ld the res	ervation.
TODAY'S DATE SIGNATURE PHONE (home) (work) **TODAY'S DATE SIGNATURE PHONE (home) (work)	corporation – organization – association any member, employee or participant of negligence of the city, its agents or empor participant of the said corporation – o agents or employees. This agreement is	, agree that the City of Thie the said corporation – orga loyees. This release of liab rganization – association in a specifically binding on my	ef River Falls shall anization – associa oility of the City of Thecur as the result of the City of Thecur as the result of the countries of	be held harmless and will tion incur as the result of hief River Falls does not f willful, wanton or intention	not be liable use of said fa include any onal miscond	e for any injury or disability which I or acility due to the passive or active injuries that I or any member, employ luct by the City of Thief River Falls, its
STAFF USE ONLY	warrant that I am authorized to enter in	to this Agreement on beha	If of said corporation	n – organization – assoc	iation.	
	TODAY'S DATE	_ SIGNATURE		PHONE (hom	ne)	(work)
aff Approval: Date Date Paid: Check NumberReceipt Number			STAFF USE	ONLY		
	taff Approval:	Date	Date Paid: _	Check Num	ber	Receipt Number