



PARK FACILITY RESERVATION FORM

PARK FACILITY / DATE / TIME		
FACILITY NAME (PLEASE SEE LIST FOR OPTIONS)	DATE OF RESERVATION	TIME (FROM / TO)
Applicant Information		
APPLICANT NAME	APPLICANT ADDRESS	APPLICANT PHONE / EMAIL CONTACT
Activities		
DESCRIBE PROPOSED ACTIVITIES		
Agreement / Standards / Understanding		
<p>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 listed within any Ordinance related to Park Reservations in the Village of Covington which includes the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> All persons, groups, or organizations accept full responsibility for all people at documented activities. <input type="checkbox"/> Liability for any damages done to the facility during reserved hours will be the responsibility of the applicant. <input type="checkbox"/> All litter, trash, and debris will be placed in designated trash or recycling receptacles and the facilities will be left clean and damage-free, including returning tables to their original location. <input type="checkbox"/> Alcohol is <u>NOT</u> permitted at any facility within the Village of Covington. <input type="checkbox"/> Follow all Village of Covington rental policies and regulations documented within the above ordinances, including payment of rental fees. 		
Hold Harmless Clause		
<p>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 Village of Covington, 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.</p>		
Applicant's Signature		
APPLICANT'S SIGNATURE	APPLICANT'S PRINTED NAME	DATE
OFFICE USE ONLY		
Processed By:	Fee Paid - CASH / CHECK # / RECEIPT #	DATE

VILLAGE OF COVINGTON

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