

Village of Covington
1 South High Street
Covington, Ohio 45318
PH. 937.473.3420 Fax 937.473.3853
Email: administrator@covington-oh.gov

Park Facility Reservation Form

DATE(s) OF RESERVATION: _____

FACILITY OR AREA BEING RESERVED: _____

TIME FROM: _____ TIME TO: _____

NAME OF GROUP/ORGANIZATION: _____

ACTIVITY: _____

RESPONSIBLE PERSON: (print name) _____

NAME OF INSURANCE COMPANY _____

Attach copy - (1-million/2-million aggregate minimum limits of liability)

Indemnification Agreement

THE _____ AGREES TO DEFEND, INDEMNIFY AND HOLD HARMLESS
(individual or group name)

THE VILLAGE OF COVINGTON FROM ANY CLAIM, DEMAND, SUIT, LOSS, COST OF EXPENSE, OR ANY DAMAGE WHICH MAY BE ASSERTED, CLAIMED OR RECOVERED AGAINST OR FROM THE VILLAGE OF COVINGTON BY REASON OF ANY DAMAGE TO PROPERTY, PERSONAL INJURY OR BODILY INJURY, INCLUDING DEATH, SUSTAINED BY ANY PERSON WHOMSOEVER AND WHICH DAMAGE, INJURY, OR DEATH, ARISES OUT OF THIS ACTIVITY. I UNDERSTAND THAT THE USE OF BEVREAGE CONTAINING ALCOHOL IS STRICTILY PROHIBITED.

I / WE AGREE TO:

1. PICK UP ALL TRASH AND PLACE IN TRASH CANS.
2. RETURN TABLES TO THEIR PROPER LOCATION.
3. PAY FOR ANY DAMAGES THAT OCCURE DURING MY RENTAL PERIOD.
4. PAY A \$30.00 RESERVATION FEE TO RESERVE THE FACILITY NAMED ABOVE.

I HAVE READ, UNDERSTAND, AND AGREE TO ABIDE BY THE TERMS OF THIS AGREEMENT.

SIGNATURE: _____ DATE: _____
(Group)

WITNESS: _____ DATE: _____
(Entity)

For village use only

Received by _____

Date _____ Time _____ Check # _____

Proof of Insurance attached _____ Cash _____

Original forwarded to
The Village Administrator _____