



City of
SUMMERSSET
A GREAT PLACE TO CALL HOME

Park Picnic Shelter Reservation Terms of Agreement

1. The Leisure Lane Park ~~7500~~ shelter may only be reserved by residents of Summerset.
2. All reservations require a refundable \$50 deposit.
3. All reservations must begin and end during regular park hours. Remaining in the park past posted park hours will be considered trespassing.
4. If there are minors included in the group reserving the shelter, an adult must be present at all times.
5. Groups must remove trash when they leave the park.
6. The restroom doors must be closed when the reservation is over.
7. The Summerset resident reserving the shelter will be held accountable for any damages incurred by their guests. After an inspection by a City employee, the \$50 deposit will be refunded if no damages were incurred and the shelter is left in satisfactory condition (trash removed, no big mess left).
8. The City of Summerset will not provide water or electricity to operate bounce houses or any other equipment that is brought in unless they are being used for a neighborhood-wide activity, such as Summerfest.

The City of Summerset posts shelter reservations but is not responsible for enforcing the reservations. Parties reserving the shelter may take reasonable steps to ensure the shelter is available for their reserved date and time.

Reservations apply only to the covered shelter and in no way prevent Summerset residents from using the other Park facilities and equipment at/during the time of your event.

Please complete the form below and return it to the City Finance Office with a \$50 deposit.

Resident Name _____ Date _____

Address _____ Phone _____

Email _____ Reservation Date _____ Time span of event _____

HOLD HARMLESS AGREEMENT

The party (to include the aforementioned individual and guests) hereby will indemnify, defend and hold the City of Summerset and its employees harmless in the event of any claims asserted as a result of any errors, omissions, torts, intentional or other negligent act.

Signature _____ Date _____

FOR OFFICE USE ONLY

Deposit Amt	\$50.00	Date Paid	_____	Payment Type:	<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
Shelter Inspection Date	_____	Deposit returned	<input type="checkbox"/> Yes <input type="checkbox"/> No	City Employee Initials	_____		