CITY OF ROSSVILLE

Founded in 1871

"Come Grow With Us!"

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FACILITIES USE AGREEMENT FOR CAMPBELL FIELD, STADIUM AND CONCESSION STAND

Name of Organization: _____

Name of Responsible Adult: _____ Phone: _____

Mailing Address: _____

Request Reservation for ( ) Field ( ) Stadium ( ) Concession Stand

Date(s): _____ Times: _____

_____ _____

_____ _____

Lights will be used on:

Date(s): _____ Times: _____

_____ _____

_____ _____

Purpose of reservation ( ) tournament ( ) practice ( ) Other _____

I understand I am responsible for preparation of the ball diamond.

I also understand and agree to the rates as follows:

1. Diamond reservation and use $50.
2. Trash pickup $50.
   $25 Refundable after inspection by City
3. Concession stand $25.
4. Lights-$12.50 per hour $
   To be paid at completion of tournament

Fees may be waived for organizations whose majority of members are residents of Rossville or for organizations approved by the governing body. List of organizations members must be submitted for waiver to be considered unless prior approval from the governing body has been obtained.

It is the responsibility of the organization to ensure that trash and debris in and around the facility, including bathrooms and concession stand is placed in appropriate receptacles and if concession stand is used it must be cleaned and all the organizations food and supplies removed following completion of rental.

Any damage to the facilities or equipment is the liability of the organization. Signing application shall be interpreted as a guarantee to the City that the organization or individual will be responsible for the proper use and adult supervision and for prompt payment to the City to cover any damage to City property resulting from the organization's or individuals use.

I, the undersigned, _____ , hereby waive and release, on behalf of myself and my organization, any and or all claims which may result in injury, death or other damages resulting from any and all personal injuries either real or imagined that arise out of my use of any and all City facilities. I acknowledge and agree that the City of Rossville is not responsible for any medical, hospital, expenses and/or charges incurred in medical treatment or hospitalization resulting from any injury, accident or any other loss sustained as a result of may use of any and all City of Rossville facilities. Furthermore, I understand and agree that I am responsible for any loss or damage to my personal property whether by theft, destruction or otherwise which I may suffer while actually engaged in using any and all City of Rossville facilities. I understand and have been notified that I am not covered by any and all City of Rossville insurance or compensation programs.

_____ _____

Signature Date

Approved by:

_____ _____

City of Rossville Date