VILLAGE OF ATTICA

9 Water Street Attica, NY 14011 Phone: (585) 591-0898

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PARK RENTAL APPLICATION FOR USE OF PARK FACILITIES.

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Group/Individual Name:	Date:					
Purpose of Reservation:	Event Date/Time:					
Address:		Telephone:				
Pavilion Requested: A	□в	□с	□ D	□ E	G Gazebo &Pavilion	
Rental Fee (No Refund)	Free (VOA Res	ident) \$25 (TOA Resident)	\$50 (Non-Resid	lent)	
Park Information and Regulations						
 All reservations must be submitted to the Village Clerk's Office and will be granted on a first come, first serve basis. Village of Attica residents using the pavilions are exempt from pavilion fees and will be required to provide proof of residency at the time the reservation is made. Local charitable organizations will be exempt from pavilion fees. Park hours: 8:00 AM until 10:00 PM All animals must be leashed and animal waste must be disposed of in trash receptacles. Garbage must be BAGGED and REMOVED, CARRY IN-CARRY OUT. Applicant is required to clean up all food, trash, party supplies, etc. Pavilion should be left as it was found. No glass bottles are allowed in park. NO PARKING ON THE GRASS AND NO DRIVING VEHICLES UP TO PAVILIONS. INDEMNIFICATION AGREEMENT: (For Individuals) The "RENTER" agrees to defend, indemnify and hold harmless the "VILLAGE OF ATTICA" from any claim, demand, suit, loss, cost of experience, or any damage which may be asserted, claimed or recovered against or from the "RENTER" by reason of any damage to property, personal injury or boddly injury, including death, sustained by any person whomsoever and which damage, injury, or death, arises out of or is incident to or in any way connected with the performance of this contract, and regardless of which claim, demand, damage, loss, cost of expense if caused in whole or in part by the negligence of the "VILLAGE OF ATTICA", or by third parties, or by the agents, servants, employees or factors of any of them. CERTIFICATE OF INSURANCE REQUIREMENTS: (For Organizations) The renter at the renter's sole expense shall procure and maintain bodily injury, including death and property damage insurance with a combined limit of at least one million and no/100 dollars (\$1,000,000). The insurance shall be with an "A" best-rated Company licensed to do business in this State. Such insurance shall insure, on an occurrence						
Signature of Applicant Date						
For Office Use Only						
Date & Time Received		of of Residency ₋		Amount Paid		
Approved by	SPE	CIAL CONDITION	NS:			