CITY OF PORT CLINTON

1868 E. Perry St., Port Clinton, OH 43452
419-734-5522 FAX 419-734-1043
After Hours Non-emergency Police # 734-3121

PARK RESERVATION CONTRACT

NAME: _____

ADDRESS: _____

PHONE: _____ RESERVED DATE: _____

EVENT: _____

EST. NUMBER OF PEOPLE: _____ TIME: _____

Lakeview Park Shelter House ❒ Portage Park Shelter House ❒

West End Park Shelter House ❒ Waterworks Park ❒

Lakeview Park Canopy ❒ Jefferson Pier Canopy ❒ Adams St. (Gazebo) ❒

RESERVATION FEE FOR ALL PARKS: $25.00 Cash ❒ Check ❒

PAYMENT DUE TO GUARANTEE RESERVATION* *FEE IS NONREFUNDABLE

Non-Profit (501C3) ❒ # _____ No Chg ❒

RULES: Please read and initial each rule.

1. Park closes at dusk. _____
2. Please make sure all trash is in trash containers provided. _____
3. No alcoholic beverages. _____
4. Pets on leashes and must be cleaned up after. _____
5. No parking in grass. _____
6. Waste container must be provided for fryer grease. _____
7. All posted park rules must be followed. _____

Checks to be made out to Port Clinton Recreation Department and accompany signed contract.

WAIVER BELOW MUST BE SIGNED

Your signature below indicates that to your knowledge the information given on this form is correct and that you have read and agree with the following waiver: I hereby waive all claims for injury or accident or liability of any kind and do hereby release the City of Port Clinton and its Recreation Department, their employees from any claims, now or in the future, for such injury or accident.

I hereby agree to and will comply with the above rules and regulations for using the park. If event will use City facilities, any damage done, including grounds, buildings, etc. will be repaired by City at applicant's expense.

Signature _____

CITY RESERVES THE RIGHT TO CANCEL FUTURE EVENTS.

For Office Use Only:

Date Received _____ Received By _____ Rect. # _____