

Applicant

FACILTY/GROUNDS USE APPLICATION

City of Delphos 608 N. Canal St., Delphos, OH 45833 419-695-4010 phone 419-695-5102 fax sgeorge@cityofdelphos.com

Name: Group Represei	 nted (if any):			
Address:				
Telephone: Email:		C	- 11	
Facility to be U	<u>sed</u>			
Stadiun	n Park	Leisure Park		Waterworks Park #1
Garfield		Suever Park		Waterworks Park #2
Municipal Building		Park Locker Room	ıs	City Streets
Event Date and	<u>Time</u>			
Date(s) of Even	t	Т	ime of Event	
Certificate of In	surance and a copy ple expected to atte	must accompany this s	igned agreem	as additional insured on the ent.
Responsible Pa	rty Signature			
demand, suite, against or from including death or is incident to claim, demand, the employees or fa proper supervise be financially rewith all City or demand.	loss, cost of expense City of Delphos by real parts or in any way connected damage, loss, cost of actors of any of there is a control and accession, control and accession, control and accession, control and accessions and regulaters and regulaters of and will control and accessions.	e, or any damage which reason of any damage the reason whomsoever and ected with the perform of expense is caused in the following of Delphos, or by this commodation of personge to the facility and/otions in connection with	n may be asse to property, po d which dama hance of this c whole or in po d parties, or by as using the fan attending the r equipment. In the event. T	Delphos from any claim, rted, claimed or recovered ersonal injury or bodily injury, ge, injury, or death, arises out of ontract, and regardless of which art by the negligence of the agents, servants, cility shall be responsible for the e event. The applicant agrees to The applicant agrees to comply the applicant agrees that they licy, including the payment of
Signature:				Date:
++++++++++	+++++++++++++	++++++++++++++++	+++++++++	+++++++++++++++++++++++++++++++++++++++
Approved:		:1.05		Date:
	Delphos City Counc	cii (if applicable)		
				Date:
	Mayor or Safety Se	rvice Director		