

Village of Allegany
River Park Pavilion Reservations

_____ Amount Paid
_____ Date Paid
_____ Receipt #

Organization or Group Application for Use:

Date(s) Requested: (month/day/year) _____

Day(s) of week requested:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Facility Requested: _____ Large Pavilion (\$150 for day)- 175 occupancy
_____ Small Pavilion (\$125 for day) -65 occupancy

Renters Information:

Name of Organization or Individual: _____

Mailing Address: _____

Telephone Number: (Day) _____ (Cell) _____

Information about Park Use:

Time of Use: _____

Purpose of Use: _____

Total Participants Expected: _____

**FACILITIES AT THE RIVER PARK ARE OPEN TO THE GENERAL PUBLIC AND THOSE RESERVING
PAVILIONS**

Payment Due Prior to Event
Please Make Checks Payable to: Village of Allegany

Signed Agreement:

I HEREBY AGREE TO HAVE THE SAID ORGANIZATION REPAIR OR REPLACE ANY DAMAGES INCURRED BY THE PERSON OF THIS ORGANIZATION. FUTHERMORE, THE SAID ORGANIZATION IS EXPECTED TO CLEAN THE FACILITY(S) AFTER USAGE. THE VILLAGE OF ALLEGANY HAS THE RIGHT TO CANCEL, POSTPONE, OR RESCHEDULE THIS REQUEST AT ANY TIME. IF IN THE JUDGEMENT OF THE VILLAGE OF ALLEGANY PERSONNEL THE FACILITY(S) IS BEING MISUSED, THE USAGE MAY BE TERMINATED AT ANY TIME.

ON BEHALF OF THE _____(INDIVIDUAL/ORGANIZATION) WE AGREE TO ABIDE BY THESE TERMS AS ESTABLISHED BY THE VILLAGE OF ALLEGANY. THE SIGNATURES BELOW VERIFY THAT THE RESPONSIBLE PERSON(S) IN CHARGE UNDERSTAND AND AGREE TO ABIDE BY THESE CONDITIONS ON BEHALF OF THE ORGANIZATION THEY REPRESENT.

THE UNDERSIGNED IS OVER 21 YEARS OF AGE AND HAS READ THIS FORM AND ATTACHED REGULATION AND AGREES TO COMPLY WITH THEM. HE/SHE AGREES TO BE RESPONSIBLE TO THE MUNICIPALITY FOR THE USE AND CARE OF THE FACILITIES. THE VILLAGE OF ALLEGANY IS NOT TO BE HELD LIABLE FOR LOSS, DAMAGES, CLAIMS OR ACTIONS (INCLUDING COST AND ATTORNEY FEES) FOR BODILY INJURY AND/OR PROPERTY DAMAGE FOR ANYTHING THAT OCCURS IN OR AT THE PAVILION.

Signature of Individual/Organization Representative Date ____/____/____

Signature of Individual/Organization Representative Date ____/____/____