

TOWN OF WALKERSVILLE
PARK USE FORM

Park:

Creamery

Community

Heritage Farm

Trout

Date of Event: _____

Name of Group using Park _____

Name, Address, E-mail and Telephone Number of Contact:

Insurance Provider: _____

(Applicant must provide a Certificate of Liability Insurance with this form, showing insurance effective dates include date of event and proof of coverage for at least \$500,000 combined single limit to bodily injury or property damage.)

Brief Description of Event:

Profit or Nonprofit: _____

Expected attendance _____

GVAA scheduling approved (HFP only): _____

Parks Committee approval: _____

(Parks Committee meets on the first Wednesday of the month, except July and December)

Certificate of Insurance received by Town staff: _____

The applicant hereby agrees to indemnify and hold the Burgess & Commissioners of Walkersville harmless from all claims, damages, and causes of action which may arise as a result of the use of premises. Applicant is personally responsible for abiding by the rules of the park and for assuring that the park is left as found. FAILURE TO ABIDE WILL RESULT IN THE GROUP BEING BANNED FROM FUTURE USE!

Signature of Applicant: _____