



Park Shelter Reservation Request

625 N. 5th Street, Spearfish, SD 57783

Email: rentals@cityofspearfish.com

Phone: (605) 642-1333

| Today's Date: | Contact Name: | | | | | | | | | | | | | | |
|---|---|-------------------|----------------------|--------------------|-------------------|-------------------|---------------------------------------|-----------|-----------|--|-----------|-----------|--|-----------|-----------|
| Phone Number: | Organization: | | | | | | | | | | | | | | |
| Email: | Date of Birth | | | | | | | | | | | | | | |
| Residential Address (City, State, Zip): | | | | | | | | | | | | | | | |
| Date of Event: | Description of Event: | | | | | | | | | | | | | | |
| Estimated Number of Attendees: | | | | | | | | | | | | | | | |
| Alcohol is not permitted without a Brown Bag Permit. This \$40 Permit can be added to your shelter permit. Will alcohol be present? (Example: BYOB or coolers containing alcohol) Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Park Shelter Requested (check one) <input type="checkbox"/> City Park Center <input type="checkbox"/> Sandstone <input type="checkbox"/> Salem <input type="checkbox"/> City Park North <input type="checkbox"/> Jorgensen <input type="checkbox"/> Lions <input type="checkbox"/> City Park South <input type="checkbox"/> Heritage <input type="checkbox"/> Evans <input type="checkbox"/> Mtn. Shadows <input type="checkbox"/> Spartan | <table border="1"> <thead> <tr> <th rowspan="2">Time Requested</th> <th>Regular Shelter Fees</th> <th>Center Shelter Fee</th> </tr> <tr> <th>Resident/Non-Res.</th> <th>Resident/Non-Res.</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> 6 am to 3 pm</td> <td>\$20/\$30</td> <td>\$35/\$50</td> </tr> <tr> <td><input type="checkbox"/> 3 pm to 10 pm</td> <td>\$20/\$30</td> <td>\$35/\$50</td> </tr> <tr> <td><input type="checkbox"/> 6 am to 10 pm</td> <td>\$35/\$50</td> <td>\$50/\$75</td> </tr> </tbody> </table> <p>* Shelter fees must be received in order to confirm reservations. * Refunds require cancellations to be made 30 + prior to reservation date. * Spearfish <u>City limits</u> residents are eligible for discounted rates. (above)</p> | Time Requested | Regular Shelter Fees | Center Shelter Fee | Resident/Non-Res. | Resident/Non-Res. | <input type="checkbox"/> 6 am to 3 pm | \$20/\$30 | \$35/\$50 | <input type="checkbox"/> 3 pm to 10 pm | \$20/\$30 | \$35/\$50 | <input type="checkbox"/> 6 am to 10 pm | \$35/\$50 | \$50/\$75 |
| Time Requested | Regular Shelter Fees | | Center Shelter Fee | | | | | | | | | | | | |
| | Resident/Non-Res. | Resident/Non-Res. | | | | | | | | | | | | | |
| <input type="checkbox"/> 6 am to 3 pm | \$20/\$30 | \$35/\$50 | | | | | | | | | | | | | |
| <input type="checkbox"/> 3 pm to 10 pm | \$20/\$30 | \$35/\$50 | | | | | | | | | | | | | |
| <input type="checkbox"/> 6 am to 10 pm | \$35/\$50 | \$50/\$75 | | | | | | | | | | | | | |

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF THE RISK AND INDEMNITY AGREEMENT AND CONSENT TO MEDICAL TREATMENT

On behalf of myself, heirs, next of kin, successors in interest, assigns, personal representatives, and agents, I hereby waive any claim or cause of action against and release from liability the City of Spearfish, its officers, employees, and agents for injuries to my person and any other persons or property resulting from this rental of City property.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Print Name: _____

Signature: _____

Date: _____

