



# City of Spearfish

## Park Shelter Reservation Request Form

625 N. 5th Street, Spearfish, SD 57783

**Email:** rentals@cityofspearfish.com

**Phone:** (605) 642-1333

Today's Date:		Contact Name:	
Phone:		Organization Name:	
Preferred Method of Contact: <input type="radio"/> PHONE <input type="radio"/> EMAIL		Email Address:	
Residential Address (Include City, State, Zip):			
Mailing Address—If different than residential address (Please include City, State, Zip):			
Date of Event:		Type of Event:	
<b>Park Shelter Requested:</b> <input type="radio"/> City Park North <input type="radio"/> Salem <input type="radio"/> Sandstone <input type="radio"/> City Park Center <input type="radio"/> Lions <input type="radio"/> Jorgensen <input type="radio"/> City Park South <input type="radio"/> Evans <input type="radio"/> Heritage <input type="radio"/> Mt. Shadows <input type="radio"/> Spartan		<b>Time Requested:</b> Shelter Fees:    Center Shelter: <input type="radio"/> 6am—3pm            \$30            \$50 <input type="radio"/> 3pm—10pm            \$30            \$50 <input type="radio"/> 6am—10pm            \$50            \$75 <small>*Spearfish City limits residents may be eligible for a discounted rate</small>	
Will admissions be charged, fees collected, or donations accepted? <input type="radio"/> Yes <input type="radio"/> No		<b>Will there be alcohol?</b> <input type="radio"/> Brown Bag Permit; \$40 (Example: Open cooler of beer/wine; BYOB) <input type="radio"/> Special Alcohol License; prices vary (Example: Cash bar) <input type="radio"/> No alcohol	
This request <b>does not</b> guarantee a reservation. You must speak with City staff to confirm availability. Please complete pages 1-2 of this contract and return them to the Public Works office, 2 <sup>nd</sup> floor of Spearfish City Hall, or to one of the contact methods listed at the top of the form.		Anticipated Number of Attendees:	
		<b>Detailed Event Description:</b> <small>(Please include any additional relevant details including special requests)</small>	

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

By my signature below, on behalf of myself, my heirs, next of kin, successors in interest, assigns, personal representatives, and agents, I hereby:

1. Waive any claim or cause of action against and release from liability the City of Spearfish, its officers, employees, and agents for any liability for injuries to my person or property resulting from my rental of City property; and
2. Agree to indemnify and hold harmless the City of Spearfish, its officers, employees, and agents for any claims, causes of action, or liability to any other person arising from my 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: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_