VILLAGE OF ATTICA

9 Water Street Attica, NY 14011 Phone: (585) 591-0898 Fax: (585) 591-3359

RENTER APPLICATION FOR USE OF PARK FACILITIES

INFORMATION ABOUT GROUP/	NDIVIDUAL				
Group/Individual Name:				Date:	
Purpose of Reservation:			Event Date/Time:		
Address:					
Telephone:	Em	nail Address:			
Pavilion Requested: A	□в	□с	D	E	☐ G Gazebo &Pavilion
		Park Information a	and Regulations		
Village and Town of Attica resi reservation is made. Local charitable organizations Park hours: 8:00 AM until 10:00 All animals must be leashed an Applicant is required to clean to No glass bottles are allowed in Parking is permitted only in de INDEMNIFICATION AGREEMENT: (For The "RENTER" agrees to defend, inder any damage which may be asserted, cobodily injury, including death, sustains connected with the performance of the part by the negligence of the "VILLAG" CERTIFICATE OF INSURANCE REQUIRI The renter at the renter's sole expens limit of at least one million and no/10 State. Such insurance shall insure, on with operations of the renter. The "Van additional insured on the renter's prequired by this paragraph on or before the solution of the read, understand and a linear paragraph on or before the solution of the read, understand and a linear paragraph on or before the solution of the read.	will be exempt from 0 PM nd animal waste musup all food, trash, part park. Isignated areas. Individuals) mnify and hold hard laimed or recovered by any person whis contract, and rege of ATTICA", or by EMENTS: (For Orga e shall procure and 0 dollars (\$1,000,00 an occurrence bas ILLAGE OF ATTICA" policy. The renter see the commencem	pavilion fees. It be disposed of in trity supplies, etc. and make a disposed of in trity supplies, etc. and make a disposed of the make a disposed of the control of the ment date of the control of the	ash receptacles. dispose of properly. E OF ATTICA" from a the "RENTER" by rea hich damage, injury, laim, demand, dam y the agents, servar ijury, including deat shall be with an "A y of the renter, its e icials, officers, boar the "VILLAGE OF ATTIC ntract	Pavilion should be left any claim, demand, su ason of any damage t , or death, arises out age, loss, cost of expe nts, employees or fact h and property dama " best-rated Compan employees and agents d members, agents a CA" a certificate of ins	uit, loss, cost of experience, or o property, personal injury or of or is incident to or in any way ense if caused in whole or in tors of any of them. ge insurance with a combined y licensed to do business in this s arising out of or in connection nd employees shall be named as
Signature of Applicant				Date	

For Office Use Only

Date & Time Received	Proof of Residency	_ Non-Resident Fee: \$25.00
Approved by	SPECIAL CONDITIONS:	