

CONTACT INFORMATION

Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

REQUESTED RESERVATION INFORMATION

Please Note:

- Reservations are accepted up to 6 months in advance. Please make all requests 2 weeks prior to reservations.
- At this time, we are not accepting facility reservations for profitable events. Requests for not-for-profit events will be accepted and reviewed by staff. If approved, the event will be exempt from time limitations.
- Shelter reservations are free for Edgerton residents. Non-residents are charged \$50 for up to six-hour (half-day) reservations.

Dates Requested: _____

Time of Reservation: _____ – _____

Shelter Reservation:

- ☐ Edgerton Lake North Shelter
- ☐ Edgerton Lake Middle Shelter
- ☐ Edgerton Lake South Shelter
- ☐ Martin Creek Park Shelter
- ☐ Manor Park Shelter

Athletic Field Reservation:

- ☐ Ballfield #1

Lights Required? ☐ Yes (\$20/hour charge) ☐ No

- ☐ Soccer Field

*Ballfield #2 is currently only available on a first come, first serve basis.

Other Reservations:

- ☐ Horse Shoe Pit

Lights required? ☐ Yes (\$20/hour charge) ☐ No

- ☐ Off-Leash Dog Park

LIABILITY RELEASE

I, as an outside entity representing minor participants as well as adults, agree to release the City of Edgerton, its officers, employees and volunteers, from all liability for accidents, injuries, loss of and/or damage to my/our people or property that may arise out of my/our participation in/and our presence at the above activity(s). I/we understand the risks and possible dangers of participating in these activity(s). Also, I/we authorize the City of Edgerton to use at its discretion any photograph(s) (black/white or color) taken of the participant while participating in the program and waive any and all claims that the participant or the undersigned or their heirs, executors, administrator, or assigns may have or claim to have resulting from such photograph(s) or reproductions thereof. I have entered into this agreement of my own free will.

I have read and I understand and agree to abide by the policies and fees for the type of facility I am applying to rent and I, or a representative on my behalf will be present at the facility during its use. I further realize the ramifications of failure to abide by the policies set forth in this document. I understand that submittal of this form does not guarantee approval of my application.

Signature: _____ Date: _____

Payment due: \$ _____ Payment Method: ☐ Credit Card ☐ Check ☐ Cash

OFFICE USE ONLY

- ☐ Request Approved
- ☐ Request Not Approved
- ☐ Copy to Applicant
- ☐ Copy to File

Signature: _____ Date: _____

Details: _____