



CITY OF SIDNEY PARKS DEPARTMENT WATER PARK USE AGREEMENT

I, _____, of _____, Ohio, have requested to use the Sidney Water Park under the supervision of the City of Sidney Parks Department. In connection with that request, I do hereby represent and agree, as follows:

I. IDENTIFYING INFORMATION

Name of User: _____

If Organization, Responsible Party: _____

Address: _____

E-mail Address: _____

Telephone Number(s):

Home: _____ *Cell:* _____ *Work:* _____

Date(s)/Time(s) of Intended Use: _____

Detailed Description of Intended Use: _____

II. ASSUMPTION OF RISK

I fully assume any and all risk of injury, damage or death, of any kind, nature, degree or amount, which may result in connection with the above-stated use (the "Use").

III. WAIVER AND RELEASE OF ALL CLAIMS

I do hereby expressly and fully waive, discharge and release the City of Sidney, Ohio, its elected and appointed officials, its officers and employees, and all others working in concert with the City of Sidney, Ohio, against all claims and causes of action, including but not limited to actions based upon negligence, which may arise against the City of Sidney, its elected and appointed officials, its officers and employees and all others working in concert with the City of Sidney as the result of any injury to any person, including death, and damage to any person or property resulting from the Use.

CITY OF SIDNEY
PARKS AND RECREATION

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IV. INDEMNIFICATION

I do hereby agree to indemnify and hold harmless the City of Sidney, Ohio, its elected and appointed officials, its officers and employees and all others working in concert with the City of Sidney, Ohio who through negligence or intentional conduct on the part of any participant who might be otherwise liable for damages as the result of the Use.

V. DISPOSAL OF TRASH AND WASTE

All trash, waste, and other refuse generated during the Use shall be bagged and placed completely within in the trash receptacles provided in the Park. In the event that such receptacles are full such that the bagged trash, etc. cannot be placed completely within the same, User shall otherwise legally dispose of the same at another location.

Please remit payment to: City of Sidney
Revenue Collections Dept.
201 W. Poplar St.
Sidney, Ohio 45365

Responsible Party (PRINT Name)

Responsible Party Signature

Date

Office use only:

Manager Scheduling event: _____

Date scheduled: _____

Method of Payment: ___ Check/Cash _____ Date payment received: _____

Lifeguards on duty:

Which pools to be used during event:

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