RESERVATION FOR USE OF TOWER SQUARE

INFORMATION CONCERNING PURPO	DSE AND USE			
DATE(S) OF USE:	STAI	RT TIME:	END TIME:	_
PURPOSE:				
ESTIMATED NUMBER IN ATTENDANCE: _				
ARE YOU REQUESTING AS: ONE TIME U	se □ <i><u>or</u> ongoing</i>	USE 🗆 EXPLAIN		
APPLICANT INFORMATION				
APPLICANT NAME:		D.O.B.		
ADDRESS:				
PHONE:	DL#		STATE:	
ENTITY/GROUP/ORGANIZATION INF	ORMATION			
NAME:				
NON-PROFIT: YES 🗆 NO 🗆 🛛 TAX EXE	MPT ID		STATE	
DATE FORMED:	INSURANCE	: YES 🗆 NO 🗆		
INSURANCE NAME:		POLICY	#	
NAMES OF OTHER ORGANIZATION/GRO	UP MEMBERS PARTIC	CIPATING:		

PLEASE READ CAREFULLY BEFORE SIGNING

EXPRESS ASSUMPTION OF RISK: The undersigned hereby agrees that he/she is using the Tower Square space for their event at his/her/their own risk. The undersigned agrees that he/she is voluntarily requesting the use of the space and participating in all activities related to the use of space, and assumes all risk of injury, illness, damage or loss that might result and will take all necessary and reasonable safety precautions to prevent injury, damage and loss to the extent possible to all who participate in the event.

WAIVER/RELEASE OF LIABILITY: By the execution of this Waiver and Release, the undersigned agrees that the City of Marion, including its employees, officers and representatives, shall not be liable for any damages arising from personal injuries sustained by the undersigned, other individuals attending undersigned's event, or any of his/her assigns, successors, or any licensee thereof as a result of any and all activities related to the use of the Tower Square space. The undersigned assumes full responsibility for any such injuries or damages which may occur, and further agrees that the City of Marion, including its employees, officers and representatives shall not be liable for any loss whatsoever and shall indemnify the City for any such loss.

APPLICANT SIGNATURE	DATE		
APPROVED BY:	_ DATE:		
LIMITATIONS OR CONDITIONS OF APPROVAL (IF ANY):			

CC: Marion Police Department and Safety