

CITY OF SHAKER HEIGHTS SPORTS FACILITY REQUEST

RESERVATION FORM

Information must be PRINTED and LEGIBLE to be processed.



NAME OF ORGANIZATION _____

PERSON RESPONSIBLE _____

ADDRESS _____

BILLING ADDRESS (if different than above) _____

PHONE (h) _____ PHONE (w) _____ CELL _____

TYPE OF ACTIVITY (choose all that apply):

Tournament Sport Club Practice Fundraisers

Clinic/Workshop Birthday Party Other _____

Number of People Expected _____

LOCATION:

Field _____

Gym _____

| Date (m/d/y) | Time Start Time | Time End Time | Date (m/d/y) | Time Start Time | Time End Time |
|-----------------|--------------------|------------------|-----------------|--------------------|------------------|
| _/_/___ | __:__ am/pm | __:__ am/pm | _/_/___ | __:__ am/pm | __:__ am/pm |
| _/_/___ | __:__ am/pm | __:__ am/pm | _/_/___ | __:__ am/pm | __:__ am/pm |
| _/_/___ | __:__ am/pm | __:__ am/pm | _/_/___ | __:__ am/pm | __:__ am/pm |
| _/_/___ | __:__ am/pm | __:__ am/pm | _/_/___ | __:__ am/pm | __:__ am/pm |
| _/_/___ | __:__ am/pm | __:__ am/pm | _/_/___ | __:__ am/pm | __:__ am/pm |

Will you charge admission? No Yes Admission Charge _____

Will you serve food? No Yes

Is it open to the public? No Yes

Will you sell anything? No Yes If yes, what? _____

Do you need tables and chairs? No Yes If yes, how many of each _____

Will you need any special equipment or require a special set up? No Yes

If yes, please explain _____

- CONDITIONS**
- It is understood that the use of the facility by the applicant is subject to any or all of the following conditions:
1. Liability Insurance Coverage may be required depending on the group and activity, and shall be determined upon receipt of application
 2. Person responsible for the activity must be in attendance.
 3. Youth groups will not be allowed into the building until adult supervision have arrived and there shall be adequate supervision of youth participants at all times. Adequate supervision is 1 adult (age 21 or older) per every 10 youth.
 4. Should damage be incurred during use of the facility the applicant must file a written report within 24 hours with the main recreation services office.
 5. All police, fire and other municipal ordinances and regulations governing use of the facilities, as adopted by the City of Shaker Heights are hereby made part of these conditions.
 6. Receptacles will be provided for disposal of trash, and you are expected to keep the facility free of litter.
 7. Storage of private property and personal belongings cannot be accommodated.
 8. NO ALCOHOLIC BEVERAGES will be allowed in any part of the facility.
 9. NO GAMBLING is allowed.
 10. Smoking is strictly prohibited in facilities.
 11. Use separate gym shoes on floor; not those worn outside.
 12. Do not take food or drink in the gym.
 13. No dunking or hanging on rim.

LIABILITY WAIVER

The City of Shaker Heights undertakes no responsibility for damages or injuries suffered by recreational team players or event participants and any other individual associated with the team or event participant using the City of Shaker Heights and school facilities. As a condition of and in consideration of the acceptance of the team's application for facility use, all palyers and their parents shall be deemed to have agreed to assume all risks of injury to the player's person and property resulting from, caused by or connected with the use of City of Shaker Heights and Shaker school property, and to waive and release any and all claims which they may have against the City of Shaker Heights and Shaker schools.

I understand that the requesting organization is financially responsible for any and all damages, including lost or damaged equipment and any clean up costs that occur during or after the activity.

Signature _____ Date _____