



RECREATION FIELD RESERVATION APPLICATION

ORGANIZATION NAME & ADDRESS		
CONTACT NAME	DATE OF APPLICATION	RESERVATION INFORMATION (Event Description)
PHONE	EMAIL	
SECURITY DEPOSIT RETURN INFORMATION (Payable To, Address)		

RECREATION FIELDS/AMENITIES AVAILABLE FOR RESERVATION

Complete shaded area (or attach schedule for multiple dates):					
NAME OF PARK	FACILITY AVAILABLE FOR RESERVATION	# AVAIL	# NEEDED	PRACTICE, GAME OR TOURNAMENT?	DATE & TIME FROM - TO?
Hamel Legion Park	Adult Baseball Field	1			
Hamel Legion Park	Youth Baseball Field (lighted)	1			
Hamel Legion Park	Youth Baseball Field	3			
Hamel Legion Park	Youth Multi-Use Ballfield	1			
Hamel Legion Park	Multi-Purpose Athletic Field	1			
Hamel Legion Park	Tennis Court	1			
Hamel Legion Park	Open Space	1			
Hunter Lions Park	Youth Baseball Field	1			
Morningside Park	Youth Baseball Field	1			
Maple Park	Youth Baseball Field	1			
Other per Fee Schedule (Field House Restroom, Additional Portable Toilets, etc., Additional Cleanings)					

WAIVER AND ACKNOWLEDGMENT

I hereby acknowledge the following:

1. Reservations are based on a 2.5-hour time slot.
2. Ballfield rentals must drag the field on day of reservation, chalk for their own games, and prepare field for playing condition in the event of rain.
3. Renter may use only those facilities that are specifically listed in this permit.
4. Facilities shall be left in a neat and orderly condition as approved by the Public Works Department.
5. Renter will not sub-lease their assigned fields and/or times to any other league or individual.
6. Renter shall be responsible for all set-up and breakdown of goals, cones, equipment, etc.
7. Renter shall keep the grounds, fields, and areas in/around/under the bleachers in a clean condition free of litter.
8. Liability insurance coverage is required for group/team/organization use in the amount of \$1,000,000, single limit of liability per occurrence. **Proof of insurance must be submitted with the Recreation Field Reservation Application.**

BY SUBMITTING THIS APPLICATION, I AGREE TO OBSERVE ALL CITY POLICIES AND ORDINANCES OF THE CITY PARK FACILITIES. I AGREE TO ALL REGULATIONS LISTED IN THIS APPLICATION AND ACCEPT RESPONSIBILITY FOR ANY DAMAGE CAUSED TO ANY BUILDING, PROPERTY OR EQUIPMENT AS THE RESULT OF NEGLIGENCE OR WILLFUL MISCONDUCT WHILE THIS PERMIT IS IN EFFECT. THE CITY SHALL NOT BE HELD LIABLE FOR ANY ACCIDENTS OR INJURIES OCCURRING DURING USE OF FACILITIES.

Signature of Applicant / Responsible Party

Date

**COMPLETE FORM IN ITS ENTIRETY AND EMAIL TO PWSTAFF@MEDINAMN.GOV OR MAIL TO
CITY OF MEDINA PUBLIC WORKS, 600 CLYDESDALE TRAIL, MEDINA, MN 55340**

FOR OFFICE USE ONLY

PRIORITIZED USAGE GROUP (circle one): A B C D E PROOF OF PRIORITIZATION: Y / N PRIORITY DEADLINE: _____

APPLICATION

Date Received: _____ Insurance Required? Y / N

Rent Due \$ _____ Lighted Field Fee \$ _____ Field Usage Security Deposit \$ _____

Field House Bathroom Fee \$ _____ Field House Key Deposit \$ _____

Additional Portable Toilet(s) Fee \$ _____ Special Cleaning Fee (per unit) \$ _____

APPROVAL

Insurance Received? Y / N / NA Application Approved: Y / N

Authorized By: _____ Date: _____

REFUND OF DEPOSIT

Refund Amount \$ _____ Authorized By: _____ Date: _____

Comments: