



## 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	4			
Hamel Legion Park	Youth Multi-Use Ballfield	1			
Hamel Legion Park	Multi-Purpose Athletic Field	1			
Hamel Legion Park	Tennis Court	2			
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, Additional Cleanings, etc.)					

### WAIVER AND ACKNOWLEDGMENT

I hereby acknowledge the following:

- Reservations are based on a 2.5-hour time slot.
- Renter may use only those facilities that are specifically listed in this permit.
- Renter will not sub-lease any portion of this agreement to any other league or individual.
- Renter shall be responsible for all set-up and breakdown of goals, cones, equipment, etc.
- Renter shall keep the facilities, grounds, fields/areas in a clean condition free of litter.
- Ballfield rentals must drag the field, chalk for their own games, and prepare field for playing conditions in the event of rain.
- 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 & EMAIL FORM TO: PWSTAFF@MEDINAMN.GOV OR MAIL TO: MEDINA PUBLIC WORKS, 600 CLYDESDALE TRAIL, MEDINA, MN 55340**

FOR OFFICE USE ONLY				
Date Received	PRIORITIZED USAGE GROUP: A B C D E	PROOF OF PRIORITIZATION: Y/N	PRIORITY DEADLINE:	Rent Due
Insurance Required? Y/N or NA		Insurance Received? Y/N or NA		
Field Usage Security Deposit		Field House Bathroom Fee	Special Cleaning Fee	
Add'l Portable Toilet(s) Fee		Handwash Station Fee		
Application Approved By:			Date Approved:	
REFUND OF DEPOSIT				
Authorized By:		Refund Amount	Date:	
Comments:				