

**CITY OF RIPON - PARKS AND RECREATION
MISTLIN SPORTS PARK and other CITY OF RIPON PARKS
RENTAL APPLICATION - 2 Hour Minimum Required**

Organization/Activity _____

Contact Person _____ E-Mail _____

Telephone (Day) _____ (Evening) _____

Address _____

Alternate Contact Person _____ E-Mail _____

Telephone (Day) _____ (Evening) _____

Address _____

Type of Activity: Tournament [] Hourly [] Other _____

Park (s) _____ # of fields _____

Date _____ Time _____

Date _____ Time _____

CONTROL OF PREMISES: The Parks and Recreation Director or Chief of Police and/or their representative shall have the right to enter the facility or any part thereof at all times during the period covered by the lease contract. The Parks and Recreation Director or Chief of Police and/or their representatives may cancel the rental lease at any time for the protection of life and property and to insure respectable use of the park facility and its surroundings.

IMPORTANT: By copy of this application I am fully aware and will advise all parties using City premises that the City of Ripon does not carry medical insurance or accident insurance coverage for player, participant or spectators in its rental facilities or programs.

HOLD HARMLESS: Applicant hereby agrees to hold the City of Ripon, the individual members thereof and all employees of various jurisdictions, free and harmless from any loss, damage, liability, cost or expense that may arise during or be caused in any way by such use or occupancy of the property, and applicant shall assume all responsibility for any injuries or other disability to himself or participants and spectators arising, occurring or resulting from this use.

PUBLIC LIABILITY AND PROPERTY DAMAGE INSURANCE: I understand that it is my responsibility to provide the City with the required liability insurance as per INSURANCE section of park rules and regulations a minimum of 48 hours prior to scheduled use. _____ (Initial)

**ALCOHOLIC BEVERAGES PROHIBITED IN ALL CITY OF RIPON PARKS
COPY OF RULES AND REGULATIONS RECEIVED _____ (Initial)**

Authorized SIGNATURE _____ **DATE** _____