

Edinburg Township

Portage County, Ohio

<i>Trustees</i>			<i>Fiscal Officer</i>
Jeffrey Bixler 330-325-7704	Chris Diehl 330-281-1348	Tim Pfile 330-618-4076	William McCluskey 330-325-0271(O)

Edinburg Park Pavilion Rental

Area/Facility Reserved _____
 Group/Organization/Person in Charge _____
 Address _____ Phone _____
 Purpose _____ Number in Party _____
 Date Reserved: _____ Hours Reserved: _____ to _____

Edinburg Township reserves the right to deny use of the Township facilities to anyone who fails to comply with the rules and regulations set forth. It is understood that the group or organization using the above designated facility will comply with the laws of the State of Ohio, the Township of Edinburg and all the rules and regulations set forth by Edinburg Township and:

1. Agrees to rental charge of \$25.00 for residents and \$50.00 for non- residents.
2. Will be responsible for all persons in the group/organization using the facility.
3. Assumes liability for any and all damage done to the facility.
4. Will park ONLY in designated areas.
5. Will observe the rules posted.
6. There shall be no alcoholic beverages in the Park.
7. There shall be no large inflatable or bounce houses allowed in the Park.
8. There shall be no pony or horses allowed in the Park.
9. Money will not be refunded for cancellations. Rental fee will go into the Park Fund

I have read and understand the above policies and regulations and agree to comply with same. For and in consideration of the permission to use the above facility, I the undersigned, acquit, discharge and covenant to hold harmless the Township of Edinburg, its officers, employees, servants and agents of and from any and all actions, causes of actions, claims, demands, damages, costs, loss of personal injury or damage which may result to group/organization member as a result of participation in the aforementioned activity at the described facility. I understand that if I cancel the pavilion the rental fee will go into the Edinburg Township Park Fund

Date _____ Renter Signature _____

Township Representative _____

Please complete the form and mail with check, made payable to Edinburg Township to

Mrs. Noreen Brooks
 7775 Yale Rd.
 Atwater, Ohio 44201
 Phone: 330-947-3669

In case of emergency
 Call
 Kevin Biltz
 330-815-4945

NSF FEE FOR RETURNED CHECKS IS \$35.00