



PARK/POOL FACILITIES RESERVATION APPLICATION

City of Hazard, Kentucky
(606) 436-3171 (Phone)
(606) 436-3252 (Fax)

Please Print

Today's Date: _____ Date(s) Requested: _____

Time of Rental: From _____ to _____

PARK FACILITY REQUESTED (Check all that apply):

Park: _____
Tennis Court: _____
Racquet Ball Court: _____
Swimming Pool: _____

RENTER INFORMATION

Name of Individual or Organization: _____

Adult Contact in Charge During Event: _____

Mailing Address: _____

Telephone: (Day) _____ (Night) _____

Cell phone: _____

INFORMATION ABOUT YOUR INTENDED USE OF OUR PARK FACILITIES

Purpose of Use: _____

Total Participants Expected: _____ Adults: _____ Children: _____

Park/Pool Facility Rental Fee: (if applicable) \$ _____

Park/Pool Facility Deposit (if applicable): \$ _____

AGREEMENT

The undersigned is over 18 years of age and has read this form and attached regulations and agrees to comply with them. He/she agrees to be responsible to the City of Good Indemnity for the use and care of the facilities. The undersigned does hereby further covenant and agree to defend, indemnify and hold harmless the City of Good Indemnity, its' elected officials, officers, and employees from and against any and all liability, loss, damages, claims, or actions (including costs and attorneys fees) for bodily injury and/or property damage, to the extent permissible by law, arising out of or in connection with the actual or proposed use of the City of Good Indemnity's property, facilities and/or services.

Please read the rules and regulations for the park facility you plan to reserve carefully.

Applicant Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

Authorized City Representative Signature: _____

Date: _____