

VILLAGE OF BELLAIRE

202 N. BRIDGE STREET P.O. BOX 557 BELLAIRE, MI 49615

EST. 1891

RICHARDI PARK GAZEBO RESERVATION

Today's Date				
Name				
Address				
Phone Number(s)				
Date Requested				
Purpose of Use				
Approximate # of guests				
Gazebo Rental Fee is \$25.00 (non-refundable)	Fee Paid	Yes	No	_
No fee if Taxing Entity	Date Paid	Check # _		Cash
Applicant's Signature				
Approval Signature				

The Gazebo will be considered reserved upon payment of the \$25.00 fee and the signatures of both parties. The Gazebo will not be reserved over the telephone.

- You must be 21 years old to make a reservation. A copy of state issued identification is required.
- Alcohol is NOT permitted in the park unless a permit has been issued by the Village of Bellaire Chief of Police and proof of liability insurance with the Village of Bellaire as a named insured is provided. Alcohol is allowed only in the Pavilion.
- Absolutely no vehicles in the park without a permit from the Village of Bellaire.
- Bag and remove all garbage from the Gazebo.
- Excessive noise (band, etc.) shall cease at 9:45 PM.
- The person making the reservation understands they are responsible for seeing the aforementioned rules are observed and by signing above agrees to all stated rules.

WAIVER OF LIABILITY

Participant's Name:	
21 Years of Age:	
Address:	
City:	
Telephone Number:	
Cell Number:	
consideration of being permitte parties from any claim for death my participation in the sponsor volunteers, independent spons understand that the Village and voluntarily make this Waiver of	f the persons or entities being released by this Waiver and in d to use the Village facilities, I release the Village of Bellaire and other n, personal injury or property damage which may arise as a result of ed event. The term "other parties" means Village employees, Village ors as well as any individuals associated with the sponsored event. I d the other parties being released are relying on this Waiver and I Liability. I also understand that the sponsored event has risks accept that possibility of risk. This release binds my personal and assigns.
Date:	

Fax: (231) 533-4183