

BULLDOG PARK NON PROFIT ROOM RESERVATION REQUEST FORM

Please fill out this form completely and return to:
Crown Point Parks & Recreation
183 S. West St., Crown Point, IN 46307

Name of Organization: _____

Contact Name: _____ Telephone: _____

Address: _____

Email: _____

Name of event/program: _____

Dates you wish to reserve: _____

Time of event/program (i.e. 5-7 PM): _____

Purpose for event: _____

Age group of those attending event/program: _____

If children attend event/program will there be sufficient parents/chaperones present to care for and oversee each child? _____

Number of persons expected to attend event/program: _____

Not-for-profit (Must provide proof)? _____

Percentage of organization that are Crown Point residents: _____

Novel/Corona/Covid-19—Participant knows and assumes personal risk of coming into contact directly or indirectly with individuals who have been exposed to and/or diagnosed with one or more communicable diseases including but not limited to Covid-19 and any of its mutations or other medical conditions and/or diseases. It is impossible for the City of Crown Point and its entities to completely eliminate the risk that participant can become exposed or infected through contact with or within proximity to any individual with a communicable disease. Participant will render the City harmless to any and all claims with respect to any and all personal injury/illness/death regardless of negligence or otherwise.

The undersigned does hereby certify that the above and foregoing representations are true in fact and that the undersigned is duly authorized and responsible to represent the interests of the group or organization making this request. The undersigned further acknowledges that no alcoholic beverages of any type will be sold, possessed, or consumed upon city property at any time and that the undersigned and/or the organization making this request shall be responsible for and hold the City of Crown Point and its officers, agents, servants, and employees harmless from any and all claims for any loss, injury, or any other liability arising from the use of the Civic Center by the above named group or organization.

Print Name: _____ Title: _____

Signature: _____ Date: _____

(PLEASE ATTACH A COPY OF YOUR LIABILITY INSURANCE OR A SIGNED WAIVER)

For Office Use Only:	
Large Meeting Room _____	Small Meeting Room: _____
Date recorded in Calendar: _____	