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: __________________________