

Date:	Rental Fee:	Upstairs Meeting Room: PAID: PAID:
	Recreation Center Re	
Name of Organiza	ation (if applicable):	
Person Making Ap	oplication (name):	
Address:		Home Phone:
		Work Phone:
	Day of Week : Total Expect	ed Attendance:
-	nd that Morton Park Distric possession of alcohol at <u>All</u>	t Ordinance <u>PROHIBITS</u> the F <u>acilities</u> ? Yes() No()
	U	dise sold? Yes() No() sed:
Absolutely	<u>NO FOOD, DRINKS, or GUM</u> allc No <u>METAL CLEA1</u> No <u>Smoki</u> No Alcoh	ng

The Person in Charge (making the rental) must be present at all times during the rental



349 W. Birchwood Morton, IL 61550 Phone: (309)263-7429 Fax: (309)263-7141 Email: <u>info@mortonparkdistrict.com</u> Web: www.mortonparkdistrict.com COMMISSIONERS: Shaun Bill James Ingold Tate Kaiser Jerry Metz Fred Remmert

## Soccer Field Rental Fees

Morton Park District Programs & Affiliate Groups	\$0/hr.
All other groups	.\$100/hr.

## **Tumbling Room Rental Fees**

Morton Park District Programs & Affiliate Groups	\$0/	/hr.
All other groups	\$50,	/hr.

## Upstairs Meeting Room Rental Fees

Morton Park District Programs & Affiliate Groups......\$0/hr.

All other groups.....\$25/hr.

## Hold Harmless Agreement

In consideration of the Morton Park District, extending the use of it's property and facilities, the undersigned hereby agree to indemnify and to hold and save harmless said Park District from any and all claims, causes of action, judgments and liabilities of any kind, whether for property or personal injury of whatsoever nature and kind, which might arise from the undersigned's use of the property and facilities from \_\_\_\_\_\_ to \_\_\_\_\_\_. Said indemnification shall be binding on the undersigned regardless of whether or not the injured party is a member of the organization designated below, the Morton Park District itself or any other person.

We have read and will abide by the Morton Park District Recreation Center rental policies and agree to be responsible for any damage to Park District property caused by our group/organization and attest that the above information is true and correct.

Signed:	Title:	Date:
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