Memorial Park Usage Form * **

Date Submitted: ___________________________________________________________________

Name of Organization or Group: ____________________________________________________

Date Requested: ___________________________________________________________________

Time Requested: ___________________________________________________________________

Usage: ____________________________________________________________________________

The group hereby agrees to defend, pay in behalf or, and hold harmless the Township of Benzonia, against any and all claims, demands, suits, loss, including all costs connected therewith, for any damage which may be asserted, claimed or recovered against or from the Township of Benzonia, its elected and appointed officials, employees, volunteers or others working in behalf of the Township of Benzonia, by reason of personal injury, including bodily injury and death; and/or property damage, including loss of use thereof, which arises out of the alleged negligence of the group and/or in any way connected or associated with this agreement.

Group also agrees to submit a copy of their insurance waiver to the Township prior to the event.

Authorized Township Agent Signature: ________________________________

Phone: ________________________________

Authorized User Signature: ________________________________

Phone: ________________________________

* For groups over 25 people or sponsored by a company/business.

** Donations are appreciated to the park and can be made at the Benzonia Township Hall, 1020 Michigan Ave. Benzonia, MI 49616.