



**CITY OF THIEF RIVER FALLS
PUBLIC WORKS DEPARTMENT**

Mailing Address: P.O. Box 528, Thief River Falls, MN 56701
Office Location: City Hall 405 3rd ST E, Thief River Falls, MN 56701
(218) 681-8506

Park Shelter Rental Request

GROUP/ORGANIZATION: _____ CONTACT NAME: _____
ADDRESS: _____ CITY _____ ZIP _____

PARK SHELTERS - \$20.00/Shelter

- Centennial Park
- Floyd B. Olson Gazebo
- Hartz Park East
- Hartz Park West
- Hartz Park River
- Lion's Park East (by Water Tower)
- Lion's Park West

- Northrop Park
- Oakland Park East
- Oakland Park West
- Red Robe Park
- Tourist Park

- OTHER RENTALS**
- Picnic Table Rental
_____ \$15.00 each (you pick up)
_____ \$30.00 each (delivered)
 - Picnic Kit Rental
\$20.00 deposit
 - Beer in the Park Permit

RESERVATION DATE DESIRED _____ TIME OPEN _____ TIME CLOSE _____
PURPOSE _____ APPROX. NUMBER OF PEOPLE _____
\$ _____ **Non-refundable Rental Fee required to hold the reservation.**

As lawful, consideration for being permitted to use the park shelter, belonging to the City of Thief River Falls, I on behalf of myself, and/or the _____ corporation – organization – association, agree that the City of Thief River Falls shall be held harmless and will not be liable for any injury or disability which I or any member, employee or participant of the said corporation – organization – association incur as the result of use of said facility due to the passive or active negligence of the city, its agents or employees. This release of liability of the City of Thief River Falls does not include any injuries that I or any member, employee or participant of the said corporation – organization – association incur as the result of willful, wanton or intentional misconduct by the City of Thief River Falls, its agents or employees. This agreement is specifically binding on my spouse, heirs and assigns, and the spouses, heirs and assigns of any member, employee or participant of the said corporation – organization – association.

I warrant that I am authorized to enter into this Agreement on behalf of said corporation – organization – association.

TODAY'S DATE _____ SIGNATURE _____ PHONE (home) _____ (work) _____

STAFF USE ONLY

Staff Approval: _____ Date _____ Date Paid: _____ Check Number _____ Receipt Number _____

_____ shelter(s) X _____ other = _____ **TOTAL AMOUNT DUE**