



**PARK AND RECREATION DEPARTMENT**

**REQUEST FOR USE**

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**DEWEY CANNON**

\*\*\*For family use, only a reservation is required (no fees)

Commercial and Not-for-Profit: \$ 100.00 Fee required. \$ 50.00 will be refunded as long as the Park is clean, litter & damage free, and the keys are returned.

Should the event require licensing, a permit must be completed with the Village Clerk and Chief of Police. Final approval must be obtained from the Village Council.

Name of Requesting Party: \_\_\_\_\_

Address & Telephone #: \_\_\_\_\_

Date and Time of Event: \_\_\_\_\_

Brief Description of Event: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date Paid: \_\_\_\_\_ \$ Deposit: \_\_\_\_\_ \$ Refunded: \_\_\_\_\_

(This Request for Use must be accompanied by the Special Events Indemnification Agreement)

**SPECIAL EVENT**  
**INDEMNIFICATION AGREEMENT**

For good and valuable consideration, the receipt and adequacy of which is hereby acknowledged, the undersigned agree(s) to indemnify, defend, and hold harmless the Village of Three Oaks, Berrien county, Michigan, a Michigan Municipal Corporation, its agents, employees, officers, assigns, and officials, from and against any and all actions, claims, liabilities, assertions of liability, losses, costs, and expenses including, but not limited to, attorney fees, reasonable investigative and discovery costs, and court costs, which in any manner may arise or be alleged to have arisen, or resulted or alleged to have resulted from the presence, activities, and promotions of any nature or otherwise of the undersigned, his agents, employees or invitee on or adjacent to the premises known as Dewey Cannon Park, and located within the Village of Three Oaks. Including, but not limited to, claim or claims for bodily injury or death of persons, and for loss of or damage to property, including claims or loss by the Village of Three Oaks, its agents, officials, assigns, and employees.

The undersigned represents and warrants to the Village of Three Oaks that the execution, delivery, and performance of this agreement has been duly authorized by all necessary corporate action or other action of the responsible parties to this agreement.

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The undersigned has executed this agreement on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Responsible Organization, Corporation or Parties: \_\_\_\_\_

Address/Telephone number: \_\_\_\_\_