



**MATTHEWS THOMAS PARK  
BALLFIELD RENTAL AGREEMENT  
2020**

The said organization agrees to pay the Village of Boston Heights in advance of each month at the following monthly rates:

**1 Day per Week \_\_\_\_\_ \$ 45.00**

**2 Days per Week \_\_\_\_\_ \$75.00**

**3 Days per Week \_\_\_\_\_ \$105.00**

**\*No additional charge for requesting more than 3 days per week.**

A Port-A-Pot will be available by the ballfield beginning about 04/18/2020 through October, 2020.

The said Organization agrees to dispose their rubbish properly, and shall be responsible for any and all damage to the field by its members and guests. The Village will mow the grass and drag the field.

The said Organization shall indemnify and hold the Village of Boston Heights harmless from all claims or lawsuits that may arise from the Organization, its members, guests, or other authorized users for the use of the field(s).

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 2020.

VILLAGE OF BOSTON HEIGHTS

ORGANIZATION

By \_\_\_\_\_

By \_\_\_\_\_

To be completed by the Fiscal Officer of the Village of Boston Heights

Check No: \_\_\_\_\_

Cash \_\_\_\_\_

Date Received \_\_\_\_\_



**MATTHEWS THOMAS PARK  
6737 OLDE EIGHT ROAD  
BOSTON HEIGHTS, OH 44236**

**BALLFIELD RENTAL DATES REQUESTED – 2020**

The Village of Boston Heights agrees that said Organization may use the ballfield at the Matthews Thomas Park per the following schedule:

Date	MONTH _____	Times
	Sunday	
	Monday	
	Tuesday	
	Wednesday	
	Thursday	
	Friday	
	Saturday	

Date	MONTH _____	Times
	Sunday	
	Monday	
	Tuesday	
	Wednesday	
	Thursday	
	Friday	
	Saturday	

Date	MONTH _____	Times
	Sunday	
	Monday	
	Tuesday	
	Wednesday	
	Thursday	
	Friday	
	Saturday	

Date	MONTH _____	Times
	Sunday	
	Monday	
	Tuesday	
	Wednesday	
	Thursday	
	Friday	
	Saturday	

Date	MONTH _____	Times
	Sunday	
	Monday	
	Tuesday	
	Wednesday	
	Thursday	
	Friday	
	Saturday	

NAME OF ORGANIZATION: \_\_\_\_\_

CONTACT \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE NO(S): \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**\*Please attached a Certificate of Liability. In addition, it will be necessary to complete the Waiver Form**

To be completed by the Fiscal Officer of the Village of Boston Heights

Check No: \_\_\_\_\_ Cash \_\_\_\_\_

Date Received \_\_\_\_\_



45 E. Boston Mills Road

Boston Heights Ohio 44236

330-650-4111

**WAIVER, RELEASE OF LIABILITY, AND ASSUMPTION OF THE RISKS**

In consideration of the consent given by the MATTHEWS THOMAS PARK and/or the Village of Boston Heights, Ohio for the use of their facilities, swimming pool, and grounds, and as a condition of participating in activities within the parameters of the MATTHEWS THOMAS PARK and/or grounds, I, the undersigned, execute this Release and state, accept and make the statements contained herein.

I understand and acknowledge that the Village of Boston Heights, Ohio the MATTHEW THOMAS PARK and/or any of their facilities, swimming pool, employees, agents, public officials, legislative body, committees, grounds, equipment, and/or property, may expose me, my child(ren), my guest, members of my organization and/or my organization to certain risks of personal injury (including death) and other property damage, and I, on behalf of myself, my child(ren), my guest, members of my organization, am willing to and do hereby as indicated below my signature assume all these risks, known and unknown.

I accept full responsibility for any medical expenses and insurances to cover me, my child (ren), my guest, members of my organization and/or my organization for any personal injury (including death) and/or property damage arising out of any conditions and/or use of the Village of Boston Heights, Ohio and/or the MATTHEWS THOMAS PARK'S facilities, swimming pool, and/or grounds.

I hereby certify that I, my child (ren), my guest, and members of my organization are capable of participating in the activities of the MATTHEWS THOMAS PARK and/or any of their facilities, swimming pool and grounds and I, my child (ren), my guest, and members of my organization are healthy and have no physical or mental disabilities or infirmities that would restrict full participation in any activities except as listed below.

**I, AS AN INDIVIDUAL AND ON BEHALF OF MY CHILD(REN), MY GUESTS, MEMBERS OF MY ORGANIZATION AND/OR MY ORGANIZATION, HEREBY WAIVE, RELEASE, AGREE TO DEFEND AND FULLY INDEMNIFY AND COVENANT NOT TO SUE THE VILLAGE OF BOSTON HEIGHTS, OHIO, THE MATTHEWS THOMAS PARK AND/OR ANY OF THEIR EMPLOYEES, AGENTS, PUBLIC OFFICIALS, BOARD, LEGISLATIVE BODY, COMMITTEES, AND/OR OTHER REPRESENTATIVES, FOR ANY AND ALL CLAIMS, RIGHTS, CAUSES OF ACTIONS, DEMANDS OR OTHERWISE, WHETHER FOR PERSONAL INJURIES, PROPERTY DAMAGE, OR ANY OTHER LOSS, DAMAGE, OR EXPENSE, WITHOUT LIMITATION, MADE ON ACCOUNT OF OR RELATED TO INJURY SUFFERED IN THE NORMAL COURSE AND USE OF THE VILLAGE OF BOSTON HEIGHTS, OHIO AND/OR THE MATTHEWS THOMAS PARK'S FACILITIES, SWIMMING POOL, AND/OR GROUNDS. WHETHER THE RESULT OF NEGLIGENCE OR ANY OTHER CAUSE.**

**I HAVE READ, UNDERSTAND AND AGREE TO BE BOUND BY THIS WAIVER, RELEASE OF LIABILITY AND ASSUMPTION OF THE RISKS.**

\_\_\_\_\_  
Name, as an Individual and as Parent/Guardian and Representative

\_\_\_\_\_  
Date

Please list any physical limitations (allergies, hearing, sight, inability to swim, etc.) and person's name:

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