



**MATTHEWS THOMAS PARK
6737 OLDE EIGHT ROAD
PAVILION/KITCHEN RENTAL – 2020**

PAVILION		PAVILION/KITCHEN	
<i>RESIDENT</i>	<i>COST</i>	<i>RESIDENT</i>	<i>COST</i>
	\$ 130.00		\$175.00
<i>NON-RESIDENT</i>	<i>COST</i>	<i>NON-RESIDENT</i>	<i>COST</i>
	\$ 175.00		\$205.00
<i>Please circle the applicable amount</i>			

A \$50.00 refundable deposit (separate check or cash) is required with any rental
3% Admission tax is included in the Rental Fee
A reservation is confirmed when payment has been received in full

NAME _____

ADDRESS _____

PHONE NOS: _____

REQUESTED DATES AND HOURS OF RENTAL _____

CHECK NO: _____	AMOUNT _____
CHECK NO: (DEPOSIT) _____	AMOUNT _____

****Restrooms and kitchen are closed at 8:00 PM (There is a Port-A-Pot available by the ballfield (From April through Mid-October). If you have rented the kitchen, please see the Fiscal Officer for the keys. Keys are to be returned to the Fiscal Officer by the next day following the scheduled event. These facilities will be inspected after use and before the deposit is returned.**

POOL: Passes are available at \$5.00 each and purchased through the Fiscal Office at the Village Hall (45 East Boston Mills Road) Weekdays: 8:00 AM through 4:00 PM)

Signature of Rental

Date

Approved to return deposit by

Date



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:

