

PLEASE COMPLETE BOTH SIDES OF THIS PAGE

Tuscarora Park
Town of Mount Morris, NY
8056 Dutch Street Road
Mount Morris, NY 14510

Donations greatly appreciated to benefit park improvements.

This release is executed on (Reservation Date) the _____ day of the month of _____, 20__ by the undersigned herein referred to as the releasors in favor of the TOWN OF MOUNT MORRIS, NY its agents, servants, instrumentalists, officers, or employees herein referred to as the TOWN.

In consideration, being allowed to use equipment or facilities located thereon, we hereby personally assume all risk in connection with said use, and we further release the Town for any injury or damage which may befall us while using TOWN property or while using any equipment or facilities located therein, including all risks connected therewith, whether foreseen or unforeseen; and further to save and hold harmless the TOWN from any claim by us, or our family, estate, heirs, or assigns, arising out of our use of said property, equipment or facilities.

We have fully informed ourselves of the contents of this and release by reading it before we signed it.

In witness whereof, we have executed this release at Mount Morris, New York, on this (Today's Date) _____ day of _____. 20_____.

Signature _____ Print Name _____

Address: _____

Phone Number: _____ E-mail _____

Town Employee Signature: _____

Print Name & Title: _____

TUSCARORA PARK RESERVATION APPLICATION

APPLICANT INFORMATION

Last Name _____ First Name _____ DATE: _____

Street Address _____ City _____ State _____ Zip Code _____

Phone Number _____ E-Mail Address _____

DATE REQUESTED: _____

Requested Facilities(check all that apply) Baseball Field Electric Pavilion

There is a \$25.00 deposit due (check) when the application has been accepted. After the inspection from Town Personnel the check will be returned unless you indicate that it be donated to the park fund.

BRIEF DESCRIPTION OF ACTIVITY

I have received, read, and understand the rules of Tuscarora Park. Any damages occurring through vandalism or misuse of park facilities may result in criminal charges being filed as well as financial responsibility for repair of damaged facilities.

Signature of Applicant: _____ Date: _____

After passing inspection please”

_____ Return my check _____ Destroy my check _____ Donate my deposit to the park fund

Please return completed forms to:
Town Clerk Chelsey Woodworth
103 Main Street
Mount Morris, NY 14510

Approved Denied

Town of Mt. Morris Representative Signature

Date