



CITY OF IONIA

Date of Application: _____

Park Facility Rental Application and Contract

Submit Applications to Armory Community Center

Mailing Address: 439 W. Main St. Ionia, MI 48846

Ph: (616) 523-1800 Website: cityofionia.org

*Other Facilities not listed below may be rented with special permissions on a case-by-case basis through the Parks and Rec Department.

Reservation Request

- Fun Forest/McConnell Pavilion (E. Washington St. and Stevenson St.)
- Hale Park Pavilion (562 Division St.)
- Harper Park Pavilion (641 Bayard St.)
- Harper Park Ball Field (641 Bayard St.)
- Robinson Park Pavilion (710 Forest St.)
- Harwood Sports Complex: Lower Field (2191 Harwood Rd.)

Rates:	
Pavilions:	\$42 resident \$50 non-resident
Fields:	\$20 per hour \$100 per day

Application

Rental Date (s): _____ Start Time: _____ End: _____

Approx. Event Attendance: _____ Description of Rental Activity _____

Lessee Name (Print): _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone Number: _____

Email: _____ Name of Group/Organization: _____

Emergency Event Contact: _____

Waiver

In consideration of the furtherance of your purposes, objectives and work and in consideration of your permitting me, my child, ward or heir to participate in any program (s) or event (s) pertaining to the City of Ionia, Department of Parks and Recreation, Ionia School District, I the undersigned, or if under 18 my parent or guardian, INTEND TO BE LEGALLY BOUNDED AND HEREBY WAIVE AND RELEASE ANY AND ALL RIGHTS AND CLAIMS FOR DAMAGES WHETHER BASED UPON NEGLIGENCE OR ANY OTHER THEORY OF LAW, which I, my child, ward, or heir and our parents, guardians, heirs, executors, representatives, administrators and assigns may have against the City of Ionia, Department of Parks and Recreation, Ionia School District, and any affiliates or subsidiaries, officers, directors, shareholders, agents, employees associated with said corporations and associations, the municipalities or with such programs or events, and their heirs, executors, representatives, administrators, successors, assigns, affiliates, officers, subsidiaries, directors, shareholders, employees or agents, FOR ANY AND ALL INJURIES OR DAMAGES INCLUDING DISABILIATING INJURY AND/OR DEATH THAT I, MY CHILD, WARD, OR HEIR MAY SUFFER while taking part in such programs or events as result thereof. ALL PARTICIPANTS DO SO AT THEIR OWN RISK.

ALL RESERVATIONS MUST BE PAID IN FULL AT LEAST 30 DAYS PRIOR TO RENTAL DATE.

Signatures

Applicant's Signature: _____ Date: _____

OFFICE USE ONLY

Total Due: \$ _____

Approved by: _____ Date: _____