

**City of Grosse Pointe Farms
Parks and Recreation Department
350 Lakeshore Rd., Grosse Pointe Farms, MI 48236
(313) 343-2405 Fax (313) 343-8689**

**PIER PARK PICNIC / SHELTER / GAZEBO
APPLICATION AND PERMIT**

Date of Application _____ Day & Date of Event _____
 Hours (Including Set-Up & Clean-Up) Arrival _____ Departure _____ # of Guests _____
 Name of Resident _____ Address _____
 Home Phone _____ Other Phone _____
 Group/Organization/Event _____
 Parking/Transportation Needs ≈ Yes _____ No _____ If Yes, Explain _____

Please Check The Boxes For The Amenities You Wish To Use Below

ALL RENTALS = 4 HOURS MINIMUM

<u>Facility To Be Rented</u>	<u>Cost</u>	<u>Total Cost</u>
<input type="checkbox"/> General Picnic	\$25 (Daily Picnic Fee)	_____
<input type="checkbox"/> Full Picnic Shelter (10 – 29 People)		
<input type="checkbox"/> Rental	\$40	_____
<input type="checkbox"/> Additional Hours	\$15/Hour x _____ Hours	_____
<input type="checkbox"/> Half Picnic Shelter (30 – 60 People)		
<input type="checkbox"/> Rental	\$25	_____
<input type="checkbox"/> Additional Hours	\$10/Hour x _____ Hours	_____
<input type="checkbox"/> Gazebo	\$50 (Daily Picnic Fee)	_____
Make Checks Payable to “City of Grosse Pointe Farms”	Total Cost	_____

The undersigned hereby certifies that all above information is true, and the above named is a resident of Grosse Pointe Farms. I also certify that this rental conforms to the approved requirements as provided in the attached Rental Policies and Procedures.

The undersigned also agrees that to the fullest extent permitted by law, the above-named resident agrees to defend, pay in behalf-of, indemnify, and hold harmless the City of Grosse Pointe Farms, its elected and appointed officials, employees, volunteers and others working in behalf of the City of Grosse Pointe Farms against any and all claims, demands, suits, or loss, including all costs connected therewith, and for any damages which may be asserted, claimed or recovered against or from the City of Grosse Pointe Farms, by reason of personal injury, including bodily injury or death and/or property damage, including loss of use thereof, which arises out of or is in any way connected or associated with this permit or the use of the above facilities regardless of whether such claim, demand, damage, loss, cost or expenses is caused in whole or part by the negligence of the above Users, third parties, agents, servants, employees, or invitees of any of them. The sponsoring resident will be responsible for any and all damages to the property including buildings, equipment, and furnishings. Additionally, the City may require that it be named as an additional insured on your liability policy in an amount satisfactory to the City. I have read and agree to the above terms and to all terms and conditions of the attached Rental Policies and Procedures.

Signature _____ Date _____

For Office Use Only

Rental Amount \$ _____ Cash Check # _____ Guest List Due _____

Other Comments and Conditions _____

Approved By _____ Date _____