

**Trumbull County MetroParks**  
**347 N. Park Avenue**  
**Warren, OH 44481**

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**Email: Zachary.Svette@trumbullmetroparks.org**

**Group/Event Request Form**

Park Name \_\_\_\_\_

Day(s) Requested \_\_\_\_\_ Time(s) \_\_\_\_\_

Reason for Use \_\_\_\_\_

\_\_\_\_\_

Group/Event Name \_\_\_\_\_

Responsible Individual/Leader: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number:(\_\_\_\_\_) \_\_\_\_\_

Cell Phone Number:(\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Copy of Liability Insurance Deck Page Attached \_\_\_\_ Yes \_\_\_\_ No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

-----For Park Board Use Only -----

-  
Approved \_\_ Denied\_\_ Date: \_\_\_\_\_

IF Denied, State Reason \_\_\_\_\_

**Applicant acknowledges receipt of the Rules and Regulations of the Trumbull County MetroParks and agrees to be bound by same.**

Approved March 7, 2011

## **Instructions for Group/Event Form**

1. **Park Name:** Name of park that event or group wants to request to use.
2. **Reason for Use:** Use this section to describe your event or group and how the park will be used and if there are any special requests. You can attach a separate piece of paper if one is required.
3. **Responsible Individual/Leader:** This person will be the contact person for all questions and concerns that Trumbull County MetroParks may have.
4. If the group holding an event is charging the general public, the group will provide proof of liability insurance showing Trumbull County MetroParks as an *Additional Insured* and will be required to carry a minimum of \$500,000 of liability insurance which must be reflected on their liability insurance deck page. A signed copy of the *Release and Waiver Form* (below) must be submitted with the *Group/Event Request Form*. For further information, please refer to section 17 in the *Rules and Regulations for Trumbull County Metropolitan Park District*.
5. If there is no charge for participation in an event and the park district is not connected to the event holder with a fiduciary relationship and the park is not actively participating in the event, there is generally no need to require proof of insurance by the event holder. But, Trumbull County MetroParks reserves the right to look at each event individually, and consult legal counsel for grey areas.
6. Family gatherings, pick-up games, other impromptu events and normal day activities are exempt from having to submit either the liability insurance deck page or the participant *Release and Waiver Form* but are still required to submit the *Group/Event Request Form* if they would like to reserve a pavilion.
7. The above mentioned *Release and Waiver Form* must be turned in with the *Group/Event Request Form* or the group/organization may be banned from using Trumbull County MetroParks in the future.
8. Please fill out all sections completely and sign/date as appropriate. Mail all documents to Trumbull County MetroParks, 347 N. Park Avenue, Warren, OH 44481.
9. **IF ANY FIELD IS INCOMPLETE, YOUR REQUEST MAY BE DENIED.**
10. **ALL REQUESTS NEED TO BE SENT IN A MINIMUM OF 60 DAYS BEFORE YOUR GROUP/EVENT WOULD LIKE TO USE OUR PARKS.**
11. For pavilion regulations please refer to section 16 of the *Rules and Regulations of the Trumbull County Metropolitan Park District*.

## RELEASE AND WAIVER FORM

The undersigned, being the duly designated representative of \_\_\_\_\_ (the "Organization") and acting with authority in his/her official capacity of the Organization, hereby makes application to use certain designated areas of the **Trumbull County Metropolitan Park District Property** ("TCMPD") for Organization activities. The undersigned acknowledges receipt of a copy of the Rules and Regulations of the TCMPD and on behalf of the Organization agrees to abide by, follow and be bound by said Rules and Regulations. For mutual consideration, the receipt of which is hereby acknowledged, the undersigned hereby agrees to bind the Organization, its officers, members and invitees, to said Rules and Regulations and further acknowledges that the Organization is solely responsible for their conduct and actions.

The undersigned in my official capacity as noted above, agrees to forever release, discharge, hold harmless and indemnify the TCMPD and Trumbull County, its elected officials, employees or volunteers from all claims resulting from any and all injuries, damages, causes of action of any kind or nature sustained while using the **Trumbull County Metropolitan Park District**.

By: \_\_\_\_\_

Name of Applicant

On behalf of \_\_\_\_\_

Date Signed: \_\_\_\_\_