



# Permit for Group Use of Public Parks

CITY OF NILES • 333 N.SECOND STREET • NILES, MICHIGAN 49120  
 (269) 683-4700 X 3030 ci.niles.mi.us FAX: (269) 684-3930

## CLASS I – EVENT (PARK RESERVATION FEE \$25- NON-NONREFUNDABLE)

Involves limited to passive physical activities by the participants or spectators and requires no city services.  
 Examples of events in this category include, but are not limited to: meetings, church services, weddings, birthday parties

**APPLICATION PROCESS:** Complete a basic application at least 7 days (not including weekends or holidays) in advance.  
 Reservations will be considered on a first come first serve basis and upon approval by administration.

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

Name of Organization/Individual: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Park Requested: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Days:  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

Beginning Time: \_\_\_\_\_ Ending Time: \_\_\_\_\_

Number of People Attending: \_\_\_\_\_

Activities: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### FOR OFFICE USE ONLY

INDEMNIFICATION AGREEMENT: YES  NO  REQUEST: APPROVED  DENIED

Reason: \_\_\_\_\_

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



CITY OF NILES

INDEMNIFICATION OR HOLD HARMLESS AGREEMENT

I (we) \_\_\_\_\_ agree(s) to defend, indemnify, and hold harmless the  
(Vendor/Sponsor)  
City of Niles, Michigan, from any claim, demands, suit, loss, cost of expense, or any damage which may be  
asserted, claimed or recovered against or from the \_\_\_\_\_,  
(Name of Event)

by reason of damage of property, personal injury or bodily injury, including death, sustained by any person  
whomsoever and which damage, injury, or death arises out of or is incident to or in any way connected with the  
performance of the contract, and regardless of which claim, demand, damage, loss, cost of expense is caused  
in whole or in part by the negligence of the City of Niles or by third parties, or by the agents, servants, employees  
or factors of any of them.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Print Name) \_\_\_\_\_

Sponsor Name \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

E-Mail Address \_\_\_\_\_