



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)

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 _____