

CITY OF MOUNT CLEMENS
95 Eldredge, Mount Clemens, Michigan 48043 - (586) 469-6847 x515
MEMORIAL PARK BASEBALL FIELDS
RESERVATION FORM

Use of Memorial Park Baseball Fields is subject to all applicable codes, restrictions, and regulations of The City of Mount Clemens
 PARK HOURS OF OPERATION ARE 7 A.M.-11P.M. ADULT SUPERVISION IS MANDATORY* PARK ENTRANCE FEES CANNOT BE CHARGED FOR ANY REASON* SALE OF
 GOODS IS PROHIBITED* EXCESSIVE LOUD MUSIC OR NOISE IS PROHIBITED* NO GLASS, LIQUOR, OR DOGS ALLOWED INSIDE THE PARK* NO PARKING ON THE LAWN,
 PARKING PERMITTED IN DESIGNATED AREAS ONLY* OFF ROAD VEHICLES (ORV) CANNOT BE OPERATED WITHIN THE PARK
 ANY USE OF ANY FIELD AT ANY TIME THAT IS NOT RESERVED FOR YOUR TEAM IS PROHIBITED

FIELD RENTAL FEES

	COST	NO. OF FIELDS	TIME	SET-UP
SINGLE	\$85.00	1	2 HOURS	ONE TIME ONLY
WEEKENDS FRI, SAT, SUN	\$130.00	per diamond per day		ONE TIME ONLY
ADDITIONAL SET UPS		CONTACT/CALL FOR PRICING		

(Multiple diamond usage may require a \$25 security deposit per field)

NO DATES WILL BE RESERVED UNTIL FULL PAYMENT IS RECEIVED
RESERVATIONS BASED UPON FIRST COME FIRST RESERVED
CANCELLATIONS ARE SUBJECT TO FORFEITURE OF PAYMENT

FOR ALL TEAMS REQUESTING APRIL, MAY, OR JUNE DATES, REQUESTS ARE DUE BY MARCH 4, 2022.
 DEADLINE FOR ALL PAPER WORK (INCLUDING INSURANCE) IS DUE BY MARCH 18, 2022.

FOR ALL TEAMS REQUESTING JULY THROUGH OCTOBER DATES, REQUESTS ARE DUE BY MAY 6, 2022.
 DEADLINE FOR ALL PAPER WORK (INCLUDING INSURANCE) IS DUE MAY 20, 2022.

Proof of liability insurance, shall name The City of Mount Clemens as an additional insured with coverage of at least \$1,000,000 for each occurrence and shall include an endorsement stating the following: "The City of Mount Clemens, including all elected and appointed officials and employees and all other individuals working on behalf of the City are named as additional insured and said coverage shall be considered to be the primary coverage rather than any policies and insurance or self-insurance retention owned or maintained by the City of Mount Clemens."

Individual/Group/Organization Name: _____

Adult (21 or older) Activity Supervisor: _____ Driver's License #: _____

Full Address: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Date(s) and Time(s) Requested (attach detail if necessary): _____

of Fields Requested: _____ Mound Distance/Base: _____ Estimated Amount Due: _____

To the fullest extent permitted by law, the above named group or organization agrees to defend, pay in behalf of, indemnify, and hold harmless The City of Mount Clemens, its elected and appointed officials, employees, volunteers, and others working in behalf of The City of Mount Clemens 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 Mount Clemens, its elected and appointed officials, employees, volunteers, and others working in behalf of The City of Mount Clemens, 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 the above indicated activity & use of Memorial Fields during the above indicated days, dates, and times.

I understand that I am responsible for the payment of all rental fees including field use, set-up, and clean-up considered excessive by park foreman.

I have read and agree to adhere to the guidelines and all conditions listed above:

NAME (PRINTED)

SIGNATURE

DATE