



COVERED BRIDGE PARK RESERVATION APPLICATION
OZAUKEE COUNTY PLANNING & PARKS DEPARTMENT
 121 W. MAIN STREET, PORT WASHINGTON, WI 53074
 Phone: 262-284-8257 Fax: 262-284-8269

Rev. 2/10

***REQUIRED**

*** TO VERIFY DESIRED RESERVATION DATE IS AVAILABLE, CONTACT THE CARETAKER AT 262-692-2825.**

* RESERVATION DAY & DATE _____

* PICNIC AREA TO RESERVE (Area 1 – 4) _____

* ORGANIZATION OR GROUP _____

* PERSON IN CHARGE _____

* ADDRESS _____

* CITY/ZIP _____

* TELEPHONE NUMBER(S) _____ * NUMBER OF PEOPLE _____

* TIME OF ARRIVAL _____ * TIME OF DEPARTURE _____

YOU ARE RESPONSIBLE FOR YOUR OWN ACCIDENT AND HEALTH INSURANCE COVERAGE

The Ozaukee County Planning & Parks Department requires a fee to be sent with this application. Fee is based on size of group. Fee Schedule is as follows:

Group Of	Resident	Non-Resident
25-50 (<i>or reservation of designated area for group of less than 25</i>)	\$50.00	\$100.00
51-100	\$70.00	\$125.00
Over 100	\$90.00	\$150.00

Please return this application within 15 days to ensure your reservation. **Your reservation is not guaranteed until the completed form and your payment are received by this office and an approved signed copy is returned to you.** Please make check payable to Ozaukee County. If for any reason you cannot use the park on the date you have reserved, please notify the Planning & Parks Department at (262) 284-8257. Your fee is not refundable if cancellation is made within 7 days of your reservation date.

RETURN FORM & PAYMENT TO: OZAUKEE COUNTY PLANNING & PARKS, ROOM 220, 121 W. MAIN ST. PORT WASHINGTON, WI 53074

The Planning & Parks Department requires that the facilities be left in satisfactory condition. **Any damage or excessive clean-up will result in a maintenance billing and the possible loss of your group's privilege to use the facility in the future.** Please have beverages in can or plastic containers. **NO GLASS – PLEASE!**

Ozaukee County Ordinance 5.01 Rules and Regulations Governing County Parks must be followed with the use of the Ozaukee County Park System and/or any local municipal ordinances as relevant.

I acknowledge the above requirements for the group use of the Ozaukee County Park System.

* CUSTOMER SIGNATURE _____ DATE _____

(OVER)

IDEMNIFICATION AGREEMENT

By signing this document, the ORGANIZATION, GROUP or INDIVIDUAL listed hereby agrees to indemnify Ozaukee County for any and all damage or injury to any persons or property, which is in any way attributable to the above referenced event due to the organization's act or omission in the Ozaukee County Park System.

Under no circumstances will Ozaukee County be held responsible for damage to the Ozaukee County Park System, or be held responsible for damage to an adjoining private property as a result of the above referenced event and organization's act or omission. The ORGANIZATION or GROUP (SPONSOR) listed above accepts all such responsibility and agrees to indemnify Ozaukee County for any such claims related to the specified event and organization's act or omission.

The ORGANIZATION, GROUP or INDIVIDUAL should provide his or her own health and accident insurance. Ozaukee County may require a certificate of insurance and recommended coverage and/or require that Ozaukee County be listed as an "additional insured" for an event. The Public Works Committee of the Ozaukee County Board of Supervisors will determine the necessity of a certificate of insurance, recommended coverage, and "additional insured" listing based upon this application and description of the event.

For Office Use Only:

PERMIT APPROVED BY _____ DATE _____
Ozaukee County Planning & Parks Director

Circle: Office Copy Customer Copy Caretaker Final Copy Paid y/n \$ _____ Ck # _____