



HERBERT H. PETERS YOUTH CAMP 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 RESERVATION DATE IS AVAILABLE, YOU *MUST* CONTACT THE CARETAKER AT 262-692-2825.**

* RESERVATION DATE(S) _____

- **CHECK-IN TIME NOT BEFORE 1:00 P.M. / CHECK-OUT TIME BY 11:00 A.M.**

* Arrival Date & Time: _____ Departure Date & Time _____

* ORGANIZATION OR GROUP _____

* TYPE OF EVENT _____

* PERSON IN CHARGE _____

* ADDRESS _____

* CITY/ZIP _____

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

* NUMBER CAMPERS _____ * NUMBER SUPERVISORS _____

* FACILITIES: LODGE _____ OUTPOST CAMPING _____

YOU ARE RESPONSIBLE FOR YOUR OWN ACCIDENT AND HEALTH INSURANCE COVERAGE DURING YOUR STAY

The Planning & Parks Department requires that the H.H. Peters facilities are to 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.**

Ozaukee County Planning & Parks requires a fee of ***\$50.00/day for Nonprofit groups and \$200.00/day for all others***, to be sent with this reservation application for each group. Make check payable to Ozaukee County and return the application within 30 days of your reservation or it will be canceled. **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.** If for any reason you cannot use the camp on the days you have reserved, please notify the caretaker, Dennis Peterson immediately at 262-692-2825. Your fee is nonrefundable 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**

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 # _____