



10631 MAIN STREET, ROSCOE, IL 61073
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LELAND PARK PAVILION RENTAL RESERVATION RELEASE & WAIVER

Date of Event: _____ Purpose of Event: _____

Rental Hours: 8:00 am – 10:00 pm Number of Guests: _____

Name: _____

Mailing Address: _____

Phone: _____ Email: _____

LELAND PARK PAVILION 5727 Broad Street, Roscoe

Village of Roscoe residents will be required to provide proof address at the time of reservation. Your reservation is not confirmed until payment has been received.

_____ Village of Roscoe Resident Rental Fee: \$25.00 (non-refundable)

_____ Non-Resident Rental Fee: \$50.00 (non-refundable)

_____ Charitable Organization

- Reservation hours are 8:00 a.m. until 10:00 p.m.
- Bounce houses and dunk tanks are not permitted
- The public bathrooms are unlocked and available for use from April through October, weather permitting.
- A Temporary Alcohol Permit application must be completed by an existing liquor license holder and approved if alcohol is going to be consumed at the event. Beer and wine will be the only type of alcohol permitted with the proper permit. All consumption of alcohol must be in the shelter area only. No open containers allowed throughout the park.

The responsible party/renter agrees to hold harmless the Village of Roscoe, its employees and officials from and against any and all claims, suits, actions, damages and/or causes of action arising during the term of this agreement for any personal injury, loss of life, property and/or damage to property sustained in, on or about the said premises, and from and against all costs, expenses and liability incurred for any such claims, the investigation thereof, or the defense of any action or process brought thereon and from and against any orders and/or judgements that may be entered therein.

The responsible party/renter further agrees to adhere to the rules and regulations of the Village of Roscoe and to be responsible for any damages to the property and/or facility that are a result of any action(s) of the participants at the function for which the facility is rented or reserved.

Applicant's Signature: _____ Date: _____

Office use only

Method of Payment: _____ Cash _____ Check _____ Credit Card Receipt Number: _____

Employee Initials: _____