



45 East Boston Mills Road

Boston Heights, OH 44236

Phone: 330-650-4111

**MATTHEWS THOMAS PARK
PAVILION/KITCHEN RENTAL - 2017**

<i>PAVILION</i>		<i>PAVILION AND KITCHEN</i>	
RESIDENT	\$130.00	RESIDENT	\$175.00
NON-RESIDENT	\$175.00	NON-RESIDENT	\$205.00

A \$50.00 REFUNDABLE DEPOSIT (SEPARATE CASH OR CHECK) IS REQUIRED WITH ANY RENTAL.

3% Admission tax is included in the rental fee.

A Reservation is confirmed when payment has been received in full.

Table and Chairs are available for rent for residents through valleyfiredistrict@gmail.com

NAME _____

ADDRESS _____

PHONE (S) _____

REQUESTED DATE/HOURS OF RENTAL _____

CHECK # _____ CASH _____

RECEIPT # _____

****Restrooms and Kitchen are closed at 8:00 PM (There is a Port-A-Pot available – 04/2017 – 11/2016)). If prior arrangements have been made to have keys for the kitchen, the return of the keys per arrangements must be adhered. Pavilion and/or kitchen will be inspected after use and before the deposit is returned. Pool passes (\$5.00 each) are to be purchased at the Village Hall unless other arrangements have been with the Fiscal Officer (Weekdays: 8 AM – 4:00 PM)**

BY _____ DATE _____

01/01/2017



45 E. Boston Mills Road

Boston Heights, Ohio 44236

330-650-4111

WAIVER, RELEASE OF LIABILITY, AND ASSUMPTION OF THE RISKS

In consideration of the consent given by the MATTHEWS THOMAS PARK and/or the Village of Boston Heights, Ohio for the use of their facilities, swimming pool, and grounds, and as a condition of participating in activities within the parameters of the MATTHEWS THOMAS PARK and/or grounds, I, the undersigned, execute this Release and state, accept and make the statements contained herein.

I understand and acknowledge that the Village of Boston Heights, Ohio the MATTHEW THOMAS PARK and/or any of their facilities, swimming pool, employees, agents, public officials, legislative body, committees, grounds, equipment, and/or property, may expose me, my child(ren), my guest, members of my organization and/or my organization to certain risks of personal injury (including death) and other property damage, and I, on behalf of myself, my child(ren), my guest, members of my organization, am willing to and do hereby as indicated below my signature assume all these risks, known and unknown.

I accept full responsibility for any medical expenses and insurances to cover me, my child (ren), my guest, members of my organization and/or my organization for any personal injury (including death) and/or property damage arising out of any conditions and/or use of the Village of Boston Heights, Ohio and/or the MATTHEWS THOMAS PARK'S facilities, swimming pool, and/or grounds.

I hereby certify that I, my child (ren), my guest, and members of my organization are capable of participating in the activities of the MATTHEWS THOMAS PARK and/or any of their facilities, swimming pool and grounds and I, my child (ren), my guest, and members of my organization are healthy and have no physical or mental disabilities or infirmities that would restrict full participation in any activities except as listed below.

I, AS AN INDIVIDUAL AND ON BEHALF OF MY CHILD(REN), MY GUESTS, MEMBERS OF MY ORGANIZATION AND/OR MY ORGANIZATION, HEREBY WAIVE, RELEASE, AGREE TO DEFEND AND FULLY INDEMNIFY AND COVENANT NOT TO SUE THE VILLAGE OF BOSTON HEIGHTS, OHIO, THE MATTHEWS THOMAS PARK AND/OR ANY OF THEIR EMPLOYEES, AGENTS, PUBLIC OFFICIALS, BOARD, LEGISLATIVE BODY, COMMITTEES, AND/OR OTHER REPRESENTATIVES, FOR ANY AND ALL CLAIMS, RIGHTS, CAUSES OF ACTIONS, DEMANDS OR OTHERWISE, WHETHER FOR PERSONAL INJURIES, PROPERTY DAMAGE, OR ANY OTHER LOSS, DAMAGE, OR EXPENSE, WITHOUT LIMITATION, MADE ON ACCOUNT OF OR RELATED TO INJURY SUFFERED IN THE NORMAL COURSE AND USE OF THE VILLAGE OF BOSTON HEIGHTS, OHIO AND/OR THE MATTHEWS THOMAS PARK'S FACILITIES, SWIMMING POOL, AND/OR GROUNDS. WHETHER THE RESULT OF NEGLIGENCE OR ANY OTHER CAUSE.

I HAVE READ, UNDERSTAND AND AGREE TO BE BOUND BY THIS WAIVER, RELEASE OF LIABILITY AND ASSUMPTION OF THE RISKS.

Name, as an Individual and as Parent/Guardian and Representative

Date

Please list any physical limitations (allergies, hearing, sight, inability to swim, etc.) and person's name:



CHECK LIST FOR PAVILION CLEAN UP - 2016

NOTE: Kitchen facilities and restrooms will be open 05/01/2017 – 10/31/2017
If keys are needed for the kitchen, arrangements may be made through the Fiscal Officer
at 330-650-4111 X 3.

PICNIC TABLES:

- Table Tops are to be cleaned
- Trash must be collected
- Food spills must be picked up and cleaned
- Tables are to be returned to their original position

GRILL AREA:

- Food is to be removed from the grill
- Grill surface is to be cleaned with brush (provided)
- Charcoal is to be removed when cooled

TRASH CANS:

- Remove trash bags from trash cans and place into dumpster
- Replace trash bags in the trash can
- Be sure lid is on the trash can when leaving park

PAVILION GROUNDS:

- Trash is to be picked up and placed in the trash can
- All party decorations are to be removed and properly disposed
- Food and other garbage is to be picked up and properly disposed

KITCHEN:

- Sweep kitchen floor
- Wipe Counters and any other surfaces
- Remove and dispose of any trash in the kitchen

BATHROOMS:

- Remove all debris and clean obvious dirt

POOL:

- The pool opens at 12:00 NOON through 8:00 PM, weather permitting.

***SEE LIFEGUARDS FOR SUPPLIES, IF NECESSARY**