

# Town of Ten Sleep

415 5<sup>th</sup> Street, P.O. Box 5

Ten Sleep, WY 82442

1-307-366-2265

## PARK RESERVATION FORM

Please include a deposit of \$100.00 along with this form. Checks should be made payable to:  
**Town of Ten Sleep.**

PLEASE PRINT:

Name of Individual/Group/Organization: \_\_\_\_\_

Name of Representative for Group/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date & Time of Event: \_\_\_\_\_

### HOLD HARMLESS AGREEMENT:

I understand that I and my group or organization will be responsible for any damage or abuse of the park and its facilities and buildings growing out of the occupancy or use of said premises by our reservation. We agree to hold the Town of Ten Sleep and their employees free and harmless from any loss, claims of liability or damage, and/or injuries to persons and property that in any way may be caused by applicants' use or occupancy of said facilities and hold harmless from all claims resulting from this use. The applicant understands the Town of Ten Sleep, its officers, and employees are not responsible for any injuries or losses caused to anyone participating in any way in this activity.

I understand that I will be responsible for the trash removal in the pavilion and the park and that the bathrooms will be free of trash and cleaned up after my event. I also understand that the picnic tables need to be returned to their original spots. I further understand that if these requirements are not fulfilled my deposit will not be returned to me.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_