

**WATERMAN LIONS PARK
COMMERCIAL RENTAL WAIVER**

Rental Fees

Commercial	\$300.00
Renter resides within Waterman Fire Protection District	\$140.00
Renter resides outside Waterman Fire Protection District	\$200.00
Non-profit renter	\$40.00
South Baseball Field Reservation	\$60.00
Security Deposit Fee (separate check)	\$100.00

Renter/Organization Name: _____ Rental Date & Time: _____
Address: _____
Name & Phone # day of event: _____
Event Description: _____
Insurance Carrier: _____ Policy #: _____
Illinois State Sales Tax #: _____ (This is required for sales of any merchandise and/or food on Village property.)
Will alcohol be present: Yes No Baseball field rental: Yes No Inflatable Attraction: Yes No

In consideration of receiving permission from the Village of Waterman to use its park and its facilities, the receipt of which permission is hereby acknowledged, each of the undersigned does hereby release the Village of Waterman, its agents, officers, servants, and employees from any and all liability, claims, demands, actions, and causes of actions whatsoever arising out of or related to any loss, damage, or injury, whether personal or property, that may be sustained by any or each of the undersigned of the family, group, or organization which they represent, while in, or upon said premises. Each of the undersigned and their family, group, or organization hereby voluntarily assumes all risks of loss, damage, or injury, whether personal or property, that may be sustained by any or each of the undersigned while in, or upon said premises. This waiver shall be binding upon the families, groups, and organizations represented, distributes, heirs, next of kin, executors, and administrators of the undersigned. In signing this waiver, each of the undersigned hereby acknowledges and represents:

1. That he/she has read the above waiver, understands it, and signs it voluntarily.
2. That he/she is over 18 years of age and of sound mind.
3. That he/she has received and signed the general rules for rental.

To reserve the shelter please sign this waiver and return with a \$100.00 non-refundable reservation fee which will be applied towards your rental fee and a copy of your certificate of insurance. Remaining balance and \$100.00 security deposit must be paid 7 business days prior to your rental date.

Renter's Signature: _____ Date: _____

In case of an emergency please call: Abigail Penton 224-489-9432

<i>For Office Use Only</i>	
Rental Number: _____	Door Code: _____
Reservation Fee: _____	Date Paid: _____
Rental Fee: _____	Date Paid: _____
Security Deposit Fee: _____	Date Paid: _____
Security Deposit Return Date: _____	Certificate of Insurance Received Date: _____
Property Damage after rental: _____	
<small>Revised Apr 2025</small>	