

Cascade Riverview Park Amphitheater Rental Agreement

320 1st Avenue West **P.O. Box 400** Cascade, IA 52033

Phone: 563-852-3114 **Fax: 563-852-7554

cascadecity@netins.net

By signing below, I hereby agree to the following conditions in regards to renting the Riverview Park Amphitheater:

- Return payment of \$20.00 along with this agreement to the Cascade City Clerk to guarantee reservation. (Make checks payable to the City of Cascade). When the City Clerk receives both payment and agreement, the Clerk will issue a receipt showing proof of reservation.
 - To cancel and receive reservation refund, please notify the Cascade City Clerk at least 2 weeks prior to the reservation date. No refunds will be issued due to inclement weather predicted on the day of reservation.
 - I, the renter, am responsible for cleaning up any messes created in, and reporting any damages to, the park area, playground area, bathrooms, pavilion and amphitheater created by anyone in my party. If messes or damages are found to be the result of my party, additional charges may be incurred and/or being banned from future reservations may result at the discretion of the Cascade Park Board and/or Cascade City Council.
 - That I will abide by the Park Regulations of the Cascade Code of Ordinances.
 - That I absolutely agree that no picnic tables shall be placed on any part of the amphitheater structure or cemented areas around the amphitheater structure.
 - To hold harmless the City of Cascade against any and all claims, demands, suits, losses, including all costs connected therewith, for any damage which may be asserted, claimed or recovered against or from the City of Cascade, it's elected and appointed officials, and employees, by reason of personal injury, including bodily injury and death; and/or property damage, including loss of use thereof, which arises out of the alleged negligence of the renting party and/or in any way connected or associated with this agreement. Furthermore, I agree to indemnify the City of Cascade for any claim, judgment, and cost brought against the City of Cascade as a result of the use of this facility.
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FOR OFFICE USE ONLY:

Date Reservation Payment Made: _____

Check #: _____

Applicant Name (Please Print)

Group Name

Address

Date

City

State

Zip

Phone Number

Date Requested

Time of Event

Type of Event

Signature