

SHARON COMMUNITY PARK SPECIAL USE PERMIT

ARRIVAL DATE:

ARRIVAL TIME:

NUMBER OF PEOPLE:

Permission is hereby granted to:

Contact Person:

Activity:

Address:

Phone:

Cell:

E-Mail:

This permit is for one (1) calendar year on the specified dates. Additional dates must be checked and granted by the Sharon Community Park Board.

Have this permit with you at all times when on park property.

In consideration of the permit issued from the Sharon Community Park, the undersigned, after full and careful inspection of the subject premises and being mindful of the risks associated with and implicit in the subject matter. I hereby agree to save and hold harmless the Sharon Community Park from any and all claims, demands, causes of action, judgments, costs and other expenses, including but not limited to attorney fees, which may arise by virtue of the said usage.

I agree that I will obey rules and regulations, the person in charge, and assist by informing the park commission of situations, which may cause injury.

Signature of User Date

Print Name

Robert Turek
Sharon Township
Maintenance Supervisor



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