



City of Owosso  
 301 W Main Street  
 Owosso, MI 48867  
 989-725-0535

## AMPHITHEATER RESERVATION APPLICATION

*Reservations are accepted on a first come, first serve basis beginning the first business day in April of each year.*

**Please review the Amphitheater Use Policy and Guidelines prior to completing your application.**

**1. Group/Person requesting reservation**

Name:

Address:

Designated Contact Person:

Cell Phone:

Email:

**2. Date of Event:**

**3. Start and end times of your event (4 hours max):**

**4. Type of event being held:**

**5. How many people are anticipated to attend this event:**

**6. Is this event open to the public:**

**7. Answer the following:**

- I intent to provide or allow amplified music/entertainment at my event and will follow all City ordinances and Amphitheater Use Policy and Guidelines related to noise.
- I will name the City as additionally insured on our public liability insurance, meeting the City's requirements as listed in the Amphitheater Use Policy and Guidelines and will provide the City a copy of the insurance certificate covering this event.
- I have received a copy of the Amphitheater Use Policy and Guidelines and my group will abide by the requirements.

YES

NO

YES

NO

YES

NO

**8. Fees must be paid at the time the application is submitted. Insurance shall be provided after approval but at least 14 days prior to the event.**

Community Organization

\$50

For-profit organizations or individuals

\$150

In consideration of the City of Owosso allowing me and my group to use its equipment, facilities and services, at the Amphitheater building designated above, I agree and recognize as follows: That myself and my groups participation and use of the building and grounds is completely voluntary and I have familiarized myself with the activities in which I and my group will be participating and any rules, regulations and procedures that are involved. That I am aware that certain hazards, risks and dangers are inherent and present in the activities in which I and my group will be participating and in the equipment, facilities and grounds I and my group will be using and I acknowledge that although the City of Owosso has taken measures to minimize the risk of injury to me and my group, the City of Owosso cannot and does not insure nor guarantee that the participants, equipment, facilities, grounds, and/or activities will be free of hazards, accidents and/or injuries. I agree and recognize that my and my group's participation in such activities and/or use of such equipment, facilities and grounds may result in injury, illness or death and I agree to assume all risks and dangers and all responsibility for any losses, damages, and injuries arising out of my and my groups participation in activities in the building and park and/or the use of any equipment, facilities, servicing and/or grounds at the park. On behalf of myself and my group, I agree to release, waive and discharge any and all liability against the City of Owosso and their agents and employees, and to hold harmless, indemnify and defend the City of Owosso and their agent, officers, officials, employees and volunteers from and against any and all claims, actions, losses, liabilities, injuries, damages, wrongful death, fee, expenses and attorney fees, which may arise out or be related to myself and my groups participation in the above described activities and/or the use of any equipment, facilities and/or grounds in park designated above in the City of Owosso, whether or not caused in whole or in part by the negligence and/or gross negligence of the owners, agents, employees, officers, officials and/or volunteers of the City of Owosso.

**9. I have read the rules, waiver, release and indemnity agreement and by signing this form, I acknowledge that I understand and agree to be bound by its terms.**

--	--

<b>Signature:</b>	<b>Date:</b>
-------------------	--------------

**Office Use Only:**

Date application received:		
Amount paid:		
Approved:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
City Manager Signature:	Date:	

- ❖ **You will receive a Rental Certificate, from the Building Department, upon approval.**
- ❖ **Pick up keys from the Building Department the business day prior to your event and return on the next available business day.**