



Pavilion and Site Rental Reservation Form

Please complete form and return to City Manager's office with payment
396 N. State Street, St. Ignace, MI 49781 – 906-643-9671

Please Check One:

\$50 resident/\$75 for non-resident

☐ Kiwanis Beach Park Pavilion

☐ Coast Guard Park Pavilion

☐ American Legion Memorial Park Pavilion

☐ Lighthouse Pier

A \$100 deposit is required with rental payment.

Date of Function _____ Times (including setting up and taking down) _____

Your Name _____ Your Address _____

Contact # _____ Email _____ Type of Function _____

Business/Organization Name (if applicable) _____

Terms & Conditions

Park Pavilions are available for free on a first come basis if they have not been rented. **Rental times must be between the hours of 9:00AM and 10:00PM.** The rental fee schedule is for a maximum of 5 hours; additional time is at a rate of \$20 per hour up to the entire day. Rental fee and \$100 deposit are due at the time the reservation and rental agreement is turned in. Renters and their group must abide by all Park rules. The Park area around each Pavilion remains open to the public. **Alcohol is prohibited on all City property except under the provisions of a State liquor license approved by the Police Department.** For the purpose of managing the type of function, all reservations and rental agreements are contingent of the approval of the City Manager.

Hold Harmless & Indemnification Agreement

I, the undersigned, understand and agree that by signing and dating this agreement I certify that I have read the rental "Terms and Conditions" and I agree to be bound by them. The undersigned also agrees to indemnify and hold free and harmless the City of St. Ignace from all claims or actions for damages or loss to property, including the loss of use thereof, and from any and all claims or actions for personal injury, sickness or disease, including personal injury, if caused by the undersigned's acts or omissions, and the undersigned will pay any judgement decrees, costs, including attorney fees which may be rendered against the City of St. Ignace, its Council Members, agents, and employees, in any and all such actions or proceedings.

Total Cost _____ **Payment Receipt #** _____

Signed _____ **Date** _____

City Manager's Signature _____ **Date** _____

Deposit Returned _____ **Staff Initials** _____

The City of St. Ignace is an Equal Opportunity Employer and Provider. TDD (800) 649-3777.