

Wadena County Parks Department

RESERVATION FORM FOR OLD WADENA PARK/CAMPGROUND

NAME: _____

ADDRESS: _____

PHONE: _____

DATES RESERVED: _____

NUMBER OF PERSONS EXPECTED: _____

Describe in detail the purpose for which you intend to use the Park during the period reserved (use reverse side if necessary):

RELEASE

I, the undersigned, hereby agree to reserve the Old Wadena County Park (Park) for the following dates: _____ . I understand the fee for each day of reservation is \$120.00, which will be paid in full by the day prior to the reservation date. I accept the condition of the Park as "as is". I understand that Wadena County makes no representation of the Park's fitness for a particular purpose. I agree to indemnify and/or hold harmless Wadena County for any and all accidents and/or injuries that may occur to any person within my party during the days of the reservation period, whether or not that injury occurs as a result of use of any Park facility or fixture. I also understand that I am fully liable for any and all damage that occurs to the Park including but not limited to: trees, grounds, Park facilities/buildings, bathrooms, pumps and other fixtures, and trash cans.

Signature of Person Making Reservation

Date

APPLICATION APPROVED AND FEE RECEIVED BY: _____