

City of El Lago

Ball Field Seasonal Contract

Team Name _____

Contact Phone _____

Contact _____

Contact Email _____

Year _____

Field Reserved Primary Field Secondary Field (for teams age 8 & under)

Season Winter (Jan-Feb) Spring (Mar-June) Fall (July-Dec)

Dates reserved

Weekends are on a first come, first serve basis.

Monday Tuesday Wednesday Thursday Friday

Time Reserved

____:____ ____:____ ____:____ ____:____ ____:____
to ____:____ to ____:____ to ____:____ to ____:____ to ____:____

Agreement

By signing below, I agree as a representative of the group listed above to hold the City of El Lago blameless for any and all claims of injuries and/or damages, personal or otherwise, that may arise out of the use of the property without regard to whether the injuries and/or damage is brought about or caused by negligence, whether on the part of the City of El Lago or the team signing the agreement.

I agree not to remove any property belonging to the City from the premises, and I agree to police the area after practice for trash. If any damage is caused to City property beyond the scope of ordinary wear and tear, I agree to be responsible for the cost of repairing said damages.

Signature of Representative of Team

Date

Signature of City Secretary

Date

THIS FORM MUST BE APPROVED AND SIGNED BY THE CITY SECRETARY TO BE VALID