

APPLICATION FOR USE OF GRUNDY COUNTY GROUNDS AND FACILITIES

Date(s) and Time of Use (Start & End): \_\_\_\_\_

Name of Event: \_\_\_\_\_

Type of Event: \_\_\_\_\_

Group Requesting Use: \_\_\_\_\_

Name/Phone/Email of Responsible Person: \_\_\_\_\_

Specific Area(s) of County Grounds Requested: \_\_\_\_\_

Is the event open to the General Public? \_\_\_\_\_ # of Participants Expected: \_\_\_\_\_

What equipment will be used on the grounds? Ex.: chairs, tables, electrical equipment, restrooms.  
\_\_\_\_\_

When will equipment be set up? \_\_\_\_\_

Liability Insurance naming "County of Grundy" as an "additional insured" is required in the amount of \$1 million at the time of request or by the date of event.

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**Hold Harmless/Indemnification**

To the fullest extent permitted by law I agree to defend, pay on behalf of, indemnify, and hold harmless Grundy County, its elected/appointed officials, employees and volunteers against any and all claims, demands, suits, or loss, including all costs connected with, and for any damages which may be asserted, claimed, or recovered against or from Grundy County, by reason of personal injury, including bodily injury or death and/or property damage, including loss of use thereof, which arises out of my use of Grundy County grounds and facilities.

I have read and agree to the above hold harmless/indemnification clause as well as the Use of County Grounds and Facilities Policy and I understand that County grounds and facilities will be left in a clean and neat condition after use and I agree to pay for any damage to the facility/grounds which may incur as a result of this scheduled function.

\_\_\_\_\_  
Signature of Responsible Person (sign & print name)

\_\_\_\_\_  
Date

Please return completed application and insurance certificate to: Grundy County Board, Administrative Assistant, 1320 Union Street, Morris, IL 60450-or-By Fax: 815-941 3429- Phone: 815-941-3420.

All applications will be submitted to the Grundy County Animal Control/Facilities/Land Use Committee post receipt of this application, which meets the last Wednesday of each month at 2:30 PM. If you are not in attendance at the meeting, you will be notified of approval/denial following the meeting.

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

\_\_\_\_\_  
Committee Chairman

\_\_\_\_\_  
Date