## Lorain Port and Finance Authority – 2024 Park Facilities Application

Location: ☐ Riverside	Park □ Lakeside Landing	Facility: Pavilion(s): $\square$ A $\square$ B	
Group: Type of Event:		Event:	
Contact Person:		Phone:	
.ddress: Email:			
City:	State:	Zip:	
Date of Event:	Hours of Event (start	and end):	
Property		(All parks close at 11 p.m.)	
prior to the event and shall be h No alcohol is permitted at eithe the premises. Under no circum	neld responsible for the clean-up of er Riverside Park or Lakeside Landin stances may equipment or facilities	private property to the condition existing any litter or debris resulting from the event. g. Illegal substances are strictly prohibited or be altered. <b>NO BALLOONS ARE PERMITTED</b> y all used trash receptacles and replace	
Responsible Party			
considered the responsible par The Lorain Port and Finance Au event or for rental equipment. A for any injury, damage, or loss o	rty with respect to the fees and the s thority (LPFA) may not, at any time, I An adult must be present at all times of property that may result in the use		
Port and Finance Authority, does here costs incurred by the Port in repairing undersigned's officers, employees or the undersigned hereby understands and each officer, employee and indepany accident, loss or damage to perso	bby agree to pay for all damages caused damage due to the conduct and/or neg agents, any person under the undersign and agrees to defend, preserve, and ho bendent contractor under the undersign ons or property, happening or occurring	tion applying for a rental permit from the Lorain to Port facilities and to reimburse the Port for any gligence of the undersigned, and/or by the ned's control, and vendors of the event. Further, ld harmless the Lorain Port and Finance Authority and's control from any liability or responsibility for , or arising as a result of the rental, and that all of ble for snow removal and sidewalk salting, in the	
	AT I WILL BE HELD RESPONSIBL OPERTY DURING THE TIME OF R	LE FOR ANY AND ALL DAMAGE OR LOSS RENTAL.	
Applicant Signature	Printed Name	 Date	
	FOR OFFICE USE ONLY		
Application Approved by:	Title:	Date:	
Comments:			