



PARKS DEPARTMENT

Deana M. Malone, Administrator

Rm. 234, Courthouse, 415 Jefferson Street South

Wadena, MN 56482

(218) 631-7604

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 for the following dates:_____. I understand the fee for each day of reservation is **\$150.00 for the Park without use of the Pavilion, \$200 for the Park including use of the Pavilion or \$50 for just the Pavilion and vacating by 10:00 p.m. on the same day**, and I am enclosing my payment of \$_____. I understand that this fee is non-refundable if I am unable to notify the Parks Department at least 30 days in advance of my cancellation. 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, other fixtures and trash cans.

Signature of Person Making Reservation

Date

APPLICATION APPROVED AND FEE RECEIVED BY: _____

Amount Received \$ _____

Date: _____