



# Riverpark Amphitheatre Rental Agreement

City of Cascade [320 1<sup>st</sup> Ave W PO Box 400] Cascade, IA 52033  
563-852-3114 Clerk@citycascade.com

Date Requested: \_\_\_\_\_

\_\_\_\_\_ \$150.00 fee + \*\$50 deposit: Riverpark Amphitheatre with gazebo - both with electricity

\*Deposit will be returned if park is left in clean and organized state.

***Return payment along with this agreement to City Hall. Make check payable to the City of Cascade.***

### Cancellation Policy:

Cancellation One Month or More Prior to Event - Refund 50% of the rental fee, Deposit Refunded  
Cancellation Less Than One Month Prior to the Event - No Refund of the rental fee, Deposit Refunded  
If the Facility is Rented Out by Another Person - 75% refund of the rental fee, Deposit Refunded

I, the renter am responsible for cleaning up any messes created in, and reporting any damages to, the park area, playground area, bathrooms, pavilions and amphitheater created by anyone in my party. If messes or damages are found to be the result of my party, the deposit will be forfeited and may result in being banned from future reservations at the discretion of the Cascade Park Board and/or Cascade City Council.

I will abide by the Park Regulations of the Cascade Code of Ordinances.

I hold harmless the City of Cascade against any and all claims, demands, suits, losses, including all costs connected therewith, for any damage which may be asserted, claimed or recovered against or from the City of Cascade, it's elected and appointed officials, and employees, by reason of personal injury, including bodily injury and death; and/or property damage, including loss of use thereof, which arises out of the alleged negligence of the renting party and/or in any way connected or associated with this agreement. Furthermore, I agree to indemnify the City of Cascade for any claim, judgment, and cost brought against the City of Cascade as a result of the use of this facility.

I hereby agree to the conditions in regards to renting the pavilion

Applicant Name: \_\_\_\_\_ Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>For Office Use Only:</b>			
Rental Fee Paid: \$	_____	Cash	Check# _____ CC
Deposit Fee Paid: \$	_____	Cash	Check# _____ CC
Deposit Returned \$	_____	Deposit Returned Date:	_____ via Check # _____